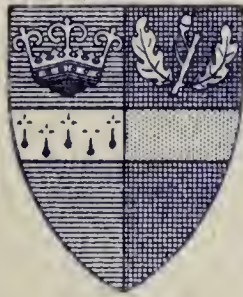


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SURREY COUNTY COUNCIL



1970

Health and Welfare Services

**Annual Report of the
County Medical Officer**

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SURREY COUNTY COUNCIL

Annual Reports

of the

COUNTY MEDICAL OFFICER OF HEALTH

AND

PRINCIPAL SCHOOL MEDICAL OFFICER

For the Year 1970



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PREFACE

TO THE CHAIRMAN AND MEMBERS OF THE SURREY COUNTY COUNCIL

Mr. Chairman, My Lord, Ladies and Gentlemen,

I have the honour to present my annual report for 1970, prepared in accordance with Department of Health and Social Security Circular 1/71.

It is with some sadness that this report is submitted as it is the last which will describe the work of the combined Health and Welfare department for on 1st January, 1971, a considerable proportion of the work of the department was transferred to the new Social Services department.

Much — too much, many will say — has been written or spoken about the decision to form a new local authority department to carry out duties formerly within the province of the Children's department and the Health and Welfare departments. To some the proposals were bold and imaginative while to others they appeared as foolhardy and doctrinaire, but now that the decision has been made and the intentions are now law it is up to us all to see that the primary aim of these changes, that of improving the service to people in need, is realised. I, therefore, am happy to welcome my new colleague, the Director of Social Services, to wish him every success with his new department and to assure him of my fullest support.

It is a matter of regret that a few, in their enthusiasm for the new department and the underlying principles, have felt it necessary to decry the work which was carried out in the old Health, Welfare or Health & Welfare departments and to give the impression that social concern for those in need in the community started on 1st January, 1971. To do this is less than just to the dedicated staff who have worked hard and diligently in a multitude of skills and disciplines to transform these services from a nineteenth century concept of care to the one we have today. Those who have been concerned in providing the services have been more than conscious of the deficiencies, but it must always be remembered that the rate of development of any services is dependent on the degree of priority that it is accorded by national or local policies.

The year that has passed has been an exceptional one for the number of events which could affect the work of the department, either immediately or potentially. There was the report of the Royal Commission on Local Government which, amongst other changes, recommended splitting Surrey into two; there was the second green paper on reorganisation of the National Health Service which recommended the removal of all health services from local government and, of course, the Social Services Bill. The general election resulted in a change of government and to the first two proposals being withdrawn for reconsideration. It is surprising, in view of this turbulence, that the work of the department continued so well, although difficulties in attracting suitable medical staff became more acute. With the increasing uncertainty and confusion about the future, fewer doctors are willing to take up public health as a career and there is every indication that this situation will get progressively worse as the proposed date of reorganisation of the National Health Service (April 1974) draws nearer.

In the report we have continued with the layout that was introduced last year and which has been the subject of much favourable comment, in that major tables have been concentrated at the end and every attempt has been made to present the text in a form which is interesting to the general reader and facilitates assessing the work that has been done throughout the year.

It is difficult to select any particular item on which to comment, for in addition to general reports on sections of the work, there are many contributions by individual members of the staff referring, in some instances, to particular projects or matters in which they have had a special interest or responsibility.

In the tables reporting details of the causes of death within the county it will be seen that there has been a further dramatic rise in deaths due to cancer of the lung and bronchus and, in proportion, the rise amongst women was greater than for men. These figures show that we have not yet reached the plateau when the rate remains steady and which epidemiologists predict must occur before any decline in this self-induced epidemic can be anticipated.

During the year attachment of nursing and health visiting staff direct to general practitioners proceeded apace and therefore the publication of the report of the working party on Management Structure in the Community Nursing Service (the Mayston Report) was all the more welcome. Contrary to what might be expected, the growth of attachments makes the introduction of a well defined management structure all the more important if one is to ensure that professional practice is to be maintained at a uniformly high level. The Council was pleased to adopt the recommendation of this report and, in addition, consented to set up one of the model schemes which the Department of Health and Social Security wished to study. It was a matter of some satisfaction that the existing management structure within the county was, on the whole, very much in line with the recommendations of the report.

The chapter on training merits study as it will be seen that in practically every discipline in the department the importance of ensuring that staff are properly trained to carry out their duties has been fully realised. Not the least has been the acceptance of the fact that training in management is of prime importance to professional staff as well as to administrators.

The present Health and Welfare department has had only a brief life but there is no doubt that during this time it has done much to carry forward the development of the community health and social services in the county.

I would like to offer my sincerest gratitude to all the staff in the department for the way they have worked together and in particular during the past year when change was so imminent.

This has been a disturbed and disturbing year and even more than ever the ready and understanding support of the Chairman of the Health & Welfare committee and all the members has been greatly appreciated by me and all of the staff.

I have the honour to be, Mr. Chairman, My Lord, Ladies and Gentlemen,

Your obedient servant,

JAMES DRUMMOND
County Medical Officer
and
Principal School Medical Officer

CHAPTER ONE – STATISTICS

GENERAL STATISTICS AND SOCIAL CONDITIONS ADMINISTRATIVE COUNTY OF SURREY

Area

There were certain boundary adjustments to two islands in the Thames during the year but the total area of the Administrative County remains as before, 418,299 acres.

Rateable Value

On 1st April, 1970	£57,493,617
Product of a Penny Rate	£ 236,691

Population

1970 mid-year Registrar-General's estimate:

	Urban Areas	Rural Areas	Administrative County
1. Total Population	805,150	200,640	1,005,790
	Aged under 1	Aged 1–4	Aged 5–14
			Aged under 15
2. Population under 15	13,240	63,060	156,600
			232,900

Table 1 shows the population of each sanitary district at the censuses of 1951 and 1961 and the Registrar-General's mid-year estimates for 1969 and 1970.

VITAL STATISTICS

	Administrative County of Surrey			England and Wales
	Males	Females	Total	
Births and Birth Rates				
Live births	7,072	6,618	13,690	
Live birth rate per 1,000 estimated population			13.6	16.0
Adjusted birth rate per 1,000 estimated population			13.7	16.0
Live and still births	7,166	6,688	13,854	
Still births	94	70	164	
Still birth rate per 1,000 live and still births			12.0	13.0
Illegitimate births	426	345	771	
Illegitimate births per cent of total live births			6.0	8.0
Deaths and Death Rate				
Deaths all ages	5,300	5,556	10,856	
Deaths per 1,000 home population (crude)			10.8	11.7
Adjusted death rate per 1,000 home population			9.9	11.7
Infant deaths	113	77	190	
Infant mortality rate				
per 1,000 live births			14.0	18.0
per 1,000 legitimate live births			14.0	17.0
per 1,000 illegitimate live births			17.0	26.0
Neonatal mortality rate (first four weeks) per 1,000 live births			10.0	12.0
Early neonatal mortality rate (first week) per 1,000 live births			9.0	11.0
Peri-natal mortality rate (still births and deaths under one week) per 1,000 live and still births			21.0	23.0
* Maternal deaths (including abortion)		2	2	
* Maternal mortality rate per 1,000 total births			0.14	0.18

*figures for 1969 (1970 not yet available)

BIRTHS AND BIRTH RATE

Live births occurring in the County during the year numbered 13,690 and the birth rate was 13.6 per thousand of the population as compared with the figure of 16.0 per thousand for England and Wales. Thus the rate remains consistently below that of the country as a whole, while the number of births continues to decline steadily (14,544 in 1968 and 15,960 in 1965).

164 still births occurred during the year giving a still birth rate of 12.0 per thousand live and still births, compared with the lowest figure previously recorded of 10.00 per thousand in 1969.

There were 771 illegitimate births representing 5.5% of live births.

Table 2 shows the live and still birth rate and the percentage of illegitimate births over the past ten years.

CAUSES OF DEATH

The major causes of death in the County during 1970 were as follows, in order of frequency:—

1. Diseases of the heart	3,220
2. Malignant disease (including 78 deaths from leukaemia)	2,306
3. Bronchitis, pneumonia and other diseases of the respiratory system (including 137 deaths from influenza and 18 from tuberculosis)	1,648
4. Cerebrovascular disease	1,423
5. Other circulatory diseases	565
6. Violent causes including 77 suicides and 143 deaths from motor accidents	379
7. Digestive diseases	230
8. Diseases of the nervous system (including 20 deaths from multiple sclerosis and 7 from meningitis)	185
9. Hypertensive disease	184

Deaths from all causes amounted to 10,856 giving a crude death rate at all ages of 10.8 per thousand of the population compared with 11.7 in England and Wales. 5,300 deaths (49.9% of the total) took place over the age of 75 years, and of these 63.5% were females.

180 deaths occurred during the first year of life, 140 of these at under 4 weeks of age. Major causes of death were congenital anomalies (95), birth injury and difficult labour (56), and respiratory diseases (35). 47 children died between the ages of 5 and 15 years. The largest single cause of death was as usual accidents (16) of which 5 were associated with motor vehicles, 7 less than in 1969. 7 deaths were ascribed to malignant neoplasms and 3 to leukaemia.

Between the years of 15 and 24, motor vehicle accidents remain by far the largest single cause of death with a total of 35. As usual this 10-year age group constituted the population most at risk for death from this cause, the next largest being 25-34 years with 21 deaths.

The major causes of death in later life show no appreciable change in comparison with the preceding year, viz.:—

- (a) 2,547 deaths were attributed to coronary heart disease. Of the 1,457 male deaths from this cause 32 took place before 45 years, and 516 (39%) before 65 years.
- (b) Malignant neoplasms accounted for 2,228 deaths. The largest single group was carcinoma of the lung and bronchus with 644 deaths, an increase of 119 over 1969. Of these 507 were males (426 in 1969) and 137 were females (99 in 1969). 1 death took place before the age of 34; 12 occurred between 35 and 44; and a total of 266 (41%) had taken place by 64. Among females 217 died of carcinoma of the breast and 79 of carcinoma of the uterus.
- (c) Under the heading of respiratory diseases, pneumonia accounted for 945 deaths, of whom 423 were females over 75 years. In the case of the 453 deaths from bronchitis and emphysema males however predominated in a ratio of over 3 to 1.
- (d) Out of 1,423 deaths from cerebrovascular disease 937 were females, 693 of whom were over 75 years.

Table 4 gives full details of all causes of death during 1970 classified in age groups for the aggregate of urban and rural districts.

Table 3 shows the infant mortality rate over the past 10 years.

CHAPTER TWO – HEALTH CENTRES

Several years of discussions, negotiations and planning came to fruition in 1970 when four new health centres were taken into use. Two of these were complete new buildings incorporating general practitioner and local authority services and two were extensions to existing clinics to provide facilities for the general practitioners. Plans, photographs and information regarding each of these Centres is given on the following pages.

With the completion of these four projects the health centre building programme is now well under way and a similar number of schemes should be completed during each of the next four or five years. The position at 31st December, 1970, may be summarised as follows:—

	No. of Centres
Completed and in use	6
Under construction	4
Working drawings being prepared	5
Sketch plans being prepared	3
Under active discussion	5
At preliminary discussion stage	6
	<hr/> 29 <hr/>

During the year it was felt that the methods and procedures used for planning and designing new health centres should be reviewed in the light of experience gained in the building of the first health centres and at the same time the best method of managing the new centres should be considered more closely.

One of the main problems connected with the earlier Centres had been the difficulty experienced in crystalizing ideas as to the actual functions and methods of working in the new building before it was erected. This had necessitated in some instances successive revisions of sketch plans, working drawings and even to the building itself during the course of erection as ideas developed or were clarified. To some extent this was inevitable as in the new field of health centre practice there was little in the way of established procedures or guide lines. However, as a result of the review undertaken in 1970 it is now expected that discussions with all concerned with working methods within the Centre will be undertaken in greater detail and thoroughness at a much earlier stage. This in turn should lead to greater detail and accuracy in the initial brief prepared for the architect.

The presence now of fully operational health centres within the County is a big advantage for general practitioners and others concerned in planning further Centres. These provide invaluable demonstrations not only of the layout and design of buildings but also of working methods, staff relationships and health centre function in general. We are most grateful to the staff of these Centres for giving valuable time to show numerous visitors around the premises and particularly for allowing themselves to be used as “guinea pigs” and for answering freely and frankly the host of varied questions put to them by others about to embark on similar ventures.

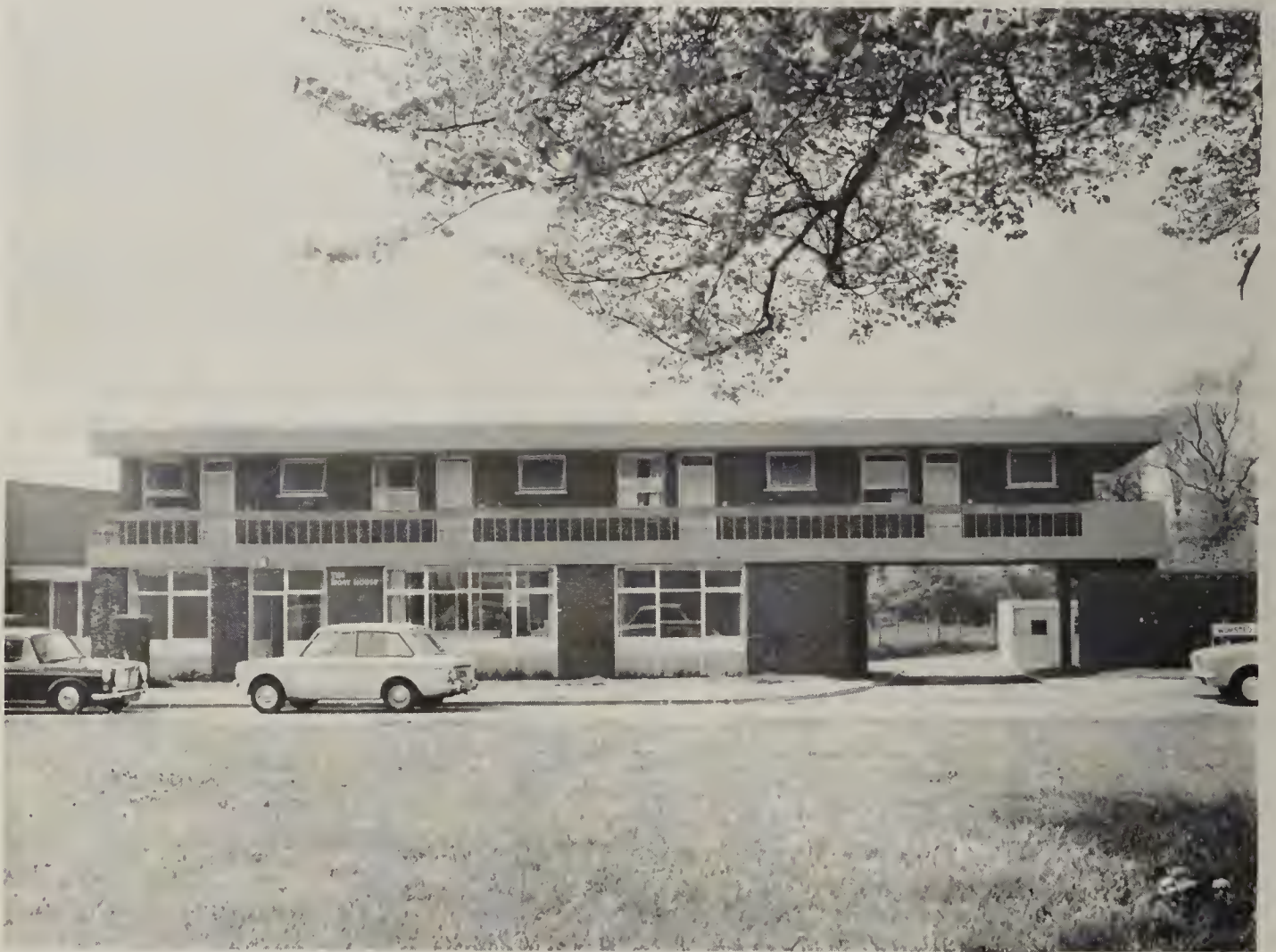
It was especially pleasing in the Walton-on-Thames project to be associated in discussions with the South West Metropolitan Regional Hospital Board as well as with the Executive Council for South West London and Surrey. This Centre is physically linked to the Walton, Hersham and Oatlands Hospital and includes consulting rooms for hospital out-patient services. Two other Centres soon to be erected at Weybridge and at Englefield Green are also linked to existing hospitals and the measure of co-operation existing between the three parts of the health service in the planning of these buildings augers well for the eventual operation of a unified health service in Surrey.

Tables 6 and 7 give details of new buildings taken into use in 1969 and building work in progress at the end of the year and a report of the capital developments during 1968-1970 can be found in Chapter Twelve.



STEPGATES FAMILY HEALTH CENTRE, STEPGATES, CHERTSEY

Seven consulting rooms for general practitioners, local health authority clinics and school dentistry are housed in this £91,414 centre which opened in November 1970.



THE MOAT HOUSE HEALTH CENTRE, MERSTHAM

Accommodation for four general practitioners, plus four flats for district nurses have been provided by extending the existing Merstham clinic at a cost of £43,973. The enlarged premises became operational in June 1970.



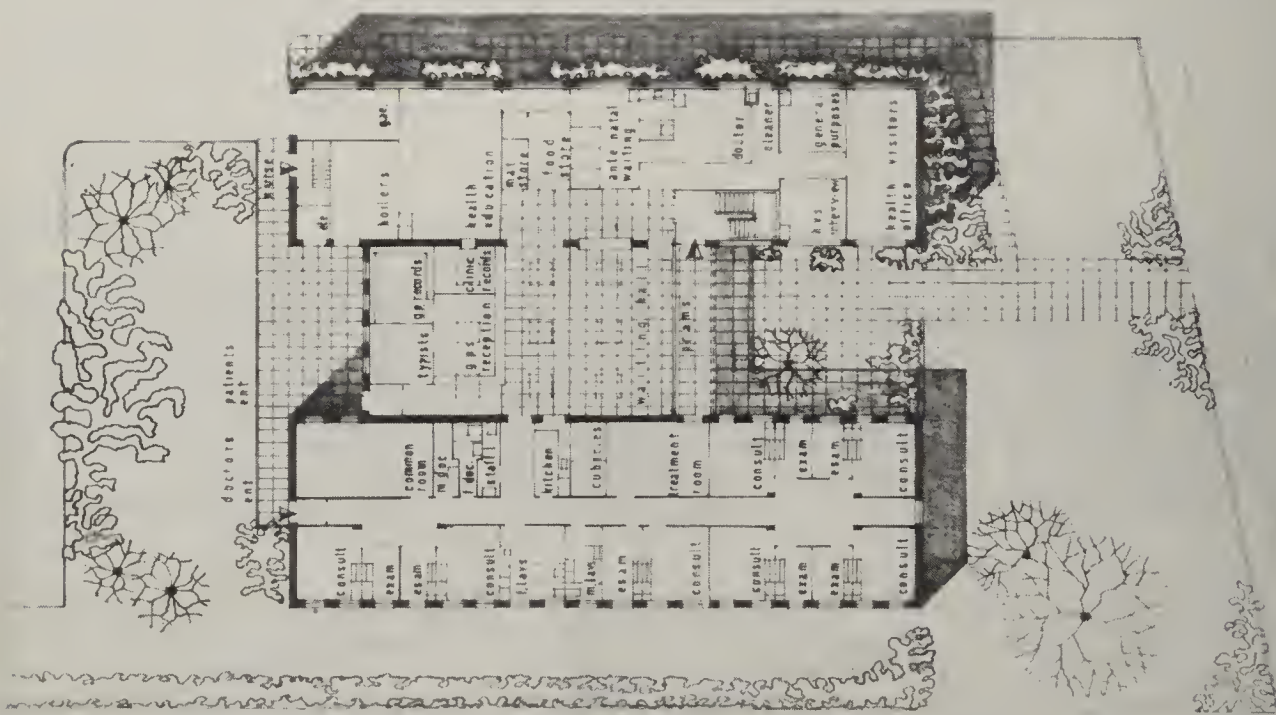
WALTON HEALTH CENTRE, RODNEY ROAD, WALTON

This Centre, which cost £109,817, opened in July 1970 to provide surgery accommodation for ten general practitioners. The largest Health Centre yet opened in Surrey it is linked to the Walton, Hersham and Oatlands Hospital and in addition to general practice, gives facilities for local health authority clinics and hospital consultant outpatients.



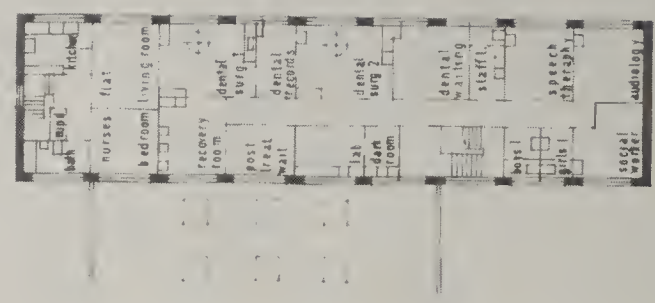
ST. JOHN'S HEALTH CENTRE, WOKING

Three consulting rooms for general practitioners, local health authority clinics and school dentistry combine in this £72,000 centre which opened in October 1970

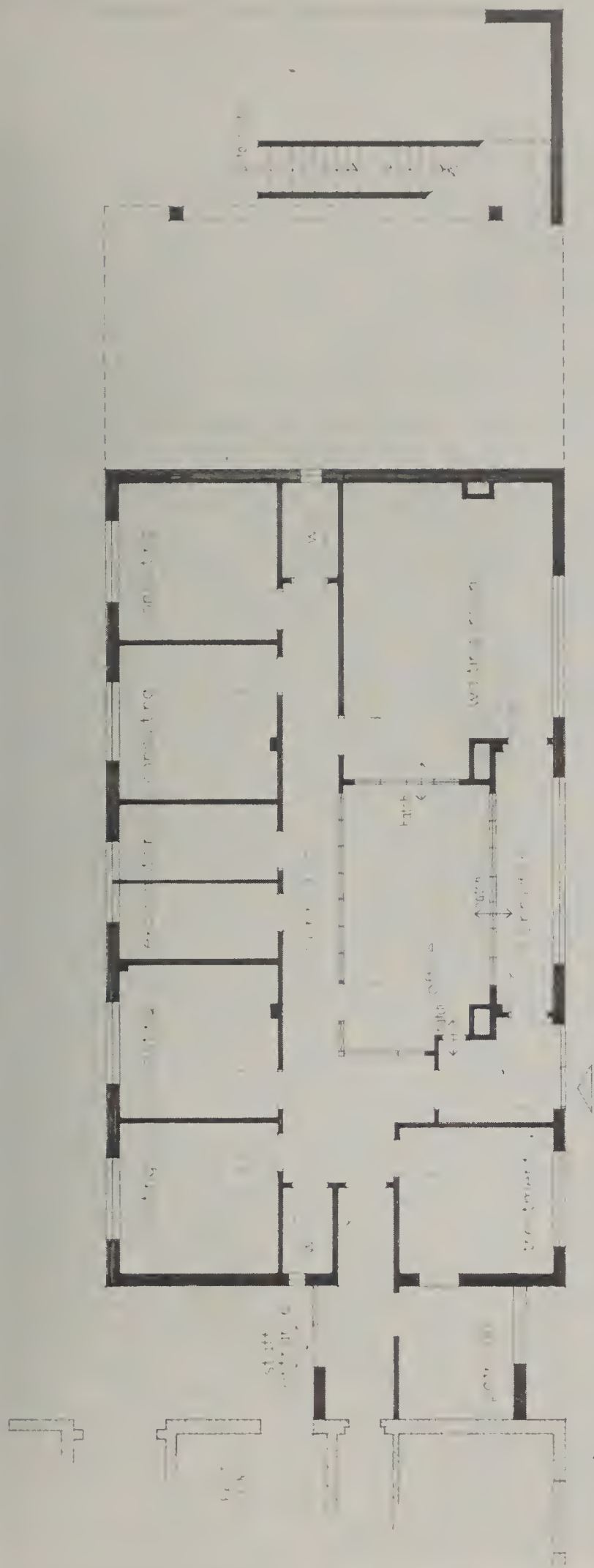


ground floor plan

sixteenth scale

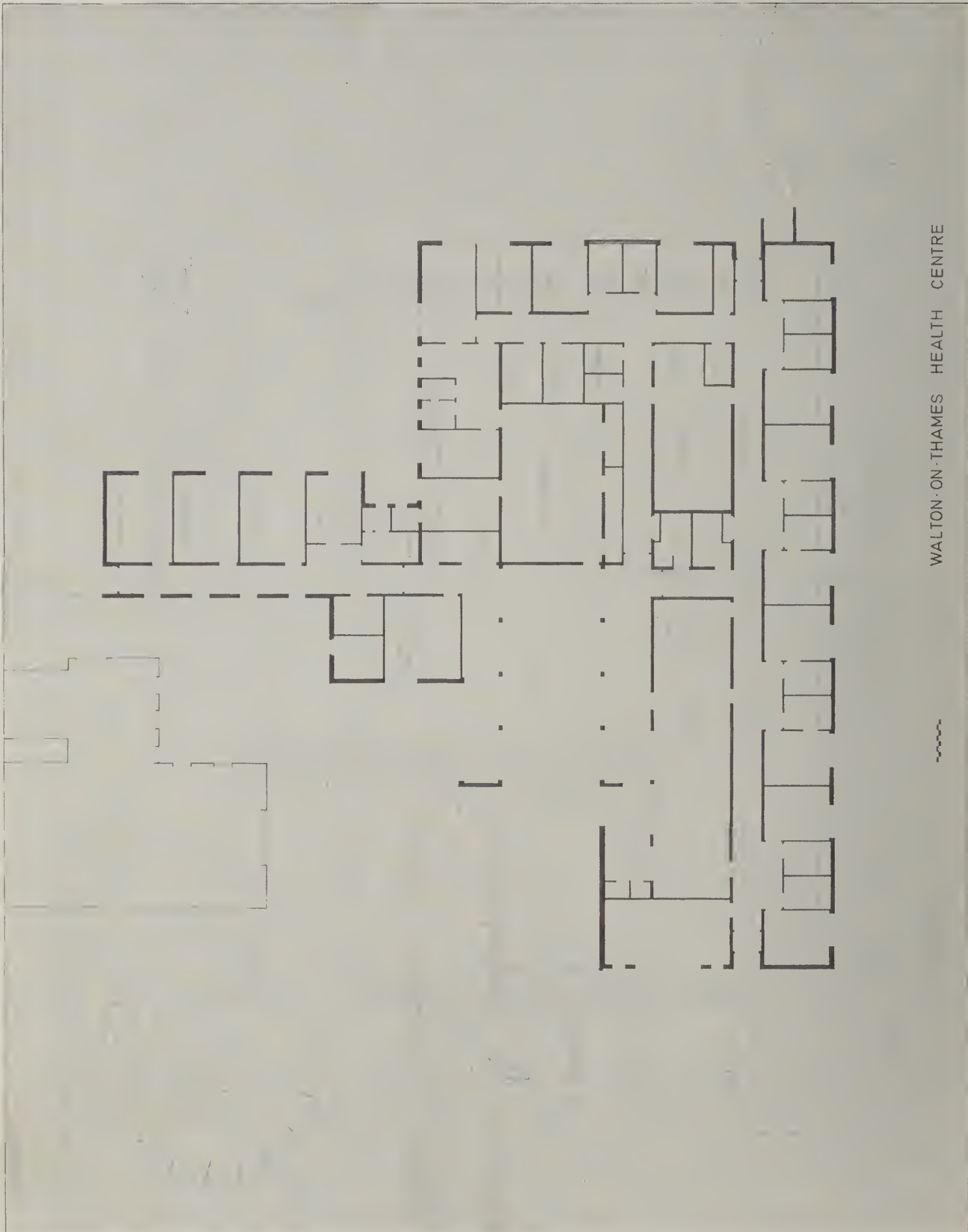


first floor plan



GROUND FLOOR PLAN

THE MOAT HOUSE HEALTH CENTRE, MERSTHAM



CHAPTER THREE - MATERNAL AND CHILD HEALTH

The number of births which took place in the County during 1970 was 13,854, a decrease of 220 in comparison with 1969. Of these, 1,064 (7.6%) took place at home and 12,790 (92.4%) in institutions. The figures show the continuing trend away from home confinement, those for the previous year being 1,435 and 12,639 respectively.

Increasing numbers of women are being discharged from hospital before the tenth day to the care of the Domiciliary Midwives. 4,280 early discharges took place during the year in comparison with 3,717 in 1969, an increase of 563. In addition, 179 deliveries were undertaken by Surrey County Council midwives in hospitals, the mothers returning home after the delivery. The continuity of care so provided is to be commended.

PREMATURITY

834 births, or 6.0% of the whole, were classed as premature (5½ pounds or less at birth) during the year, as shown in the following table:—

Weight at birth.	PREMATURE LIVE BIRTHS												Premature still births.	
	Born in hospital.				Born at home or in a nursing home.									
					Nursed entirely at home or in a nursing home.				Transferred to hospital on or before 28th day.					
	Total Births.	Died.			Total Births.	Died.			Total Births.	Died.			Born.	
		Within 24 hours of birth.	In 1 and under 7 days.	In 7 and under 28 days.		Within 24 hours of birth.	In 1 and under 7 days.	In 7 and under 28 days.		Within 24 hours of birth.	In 1 and under 7 days.	In 7 and under 28 days.		
(a) 2 lb. 3 oz. or less (1,000 gms. or less)	26	18	2	1	—	—	—	—	—	—	—	—	22	—
(b) Over 2 lb. 3 oz. up to and including 3 lb. 4 oz. (1,001-1,500 gms.)	72	15	10	—	—	—	—	—	—	—	—	—	18	—
(c) Over 3 lb. 4 oz. up to and including 4 lb. 6 oz. (1,501-2,000 gms.)	103	13	4	3	3	—	—	—	—	—	—	—	20	1
(d) Over 4 lb. 6 oz. up to and including 4 lb. 15 oz. (2,001-2,250 gms.)	148	4	1	2	4	1	—	—	—	—	—	—	13	—
(e) Over 4 lb. 15 oz. up to and including 5 lb. 8 oz. (2,251-2,500 gms.)	369	4	4	—	18	—	—	—	5	1	—	—	12	—
Totals	718	54	20	7	25	1	—	—	5	1	—	—	85	1

Of the 748 premature live births, 83 died during the first month of life. Of the 13,020 non-premature live births during the year only 47 died during the first month. Moreover 86, or more than half, of the 164 stillbirths which occurred in 1970 were classed as premature.

These figures are a measure of the disadvantages under which the premature infant is born, and demonstrate the degree to which prematurity is associated with loss of infant life. Unfortunately a look at the Surrey figures over recent years shows that comparatively speaking very little headway is being made with this extremely difficult problem, viz:—

Year	Premature births as percentage of total births	Percentage of deaths in first month (premature births)	Total Stillbirths	Premature Stillbirths	Premature Stillbirths as percentage of total Stillbirths
1965	5.8	14.0	187	107	57.2
1966	6.4	13.4	197	122	61.4
1967	6.2	12.0	167	99	59.2
1968	5.9	12.0	169	82	48.5
1969	5.6	9.5	140	74	52.8
1970	6.0	11.1	169	86	51.0

In addition to the high risk of infant death the premature infant also carries a high risk of handicap. The increased likelihood of such crises as severe asphyxia at birth and hypoglycaemia thereafter are fertile sources of brain damage. All these factors continue to underline the importance of careful antenatal assessment during pregnancy and the need for provision of very high standards of nursing care for premature babies. The follow-up of such children at Child Health Clinics is also essential.

CONGENITAL MALFORMATIONS

244 cases were notified during the year, involving a total of 272 malformations, 26 infants suffering from multiple defects. There were 19 cases of spina bifida among the cases notified. 43 deaths of children under the age of 1 year were ascribed to congenital anomalies.

CONVALESCENCE

Expectant and nursing mothers together with children under five who require a period of convalescence can be sent to convalescent and holiday homes. During the year three mothers and eight children were catered for. It is useful to have this service available although the calls made upon it are not large.

CARE OF UNMARRIED MOTHERS

The arrangements detailed in last year's report whereby unmarried mothers requesting assistance from the County were in the main admitted to West Lodge, the new Guildford Diocesan home at Walton-on-Thames were consolidated during 1970. 67 cases were admitted to West Lodge. A further 31 were admitted for various reasons to other homes in the home counties of London. 7 pregnant girls of school age were admitted to the George Simon Home at Caterham where teaching staff are provided by the Education Committee.

Although the numbers of illegitimate births in the County have declined very little in the past five years the number of unmarried mothers requesting assistance has declined steadily by about fifty per cent during this period. Moreover the average length of stay in mother and baby homes is also declining, many girls not returning at all or only for a short time post-natally. The needs of the unmarried mother are changing and greater emphasis in future will need to be placed on the provision of living accommodation in the community coupled with day nursery places for the children of the unmarried mothers who go out to work.

CHILD HEALTH CLINICS

A detailed account of the efforts being made to implement the policy of regular developmental examination of children from birth throughout pre-school life was given in the report for 1969. Reports from the Divisions and Excepted Districts indicate that this policy has been steadily pursued throughout the County, although in some areas staff shortages have been the cause of delay in developing the service. Medical officers with the requisite training in carrying out developmental examinations are still in short supply, and although it was possible to send a number on training courses during the year, a further small number also left the service. There is a tremendous need for increased training facilities in the country as a whole, and efforts to arrange more in-service training in Surrey will be needed.

Although the service throughout the County is somewhat variable, there is no doubt that in all areas the principle of screening children from the developmental aspect is firmly established in a corps of well-trained medical officers. It is possible therefore by judicious use of such staff to arrange for any pre-school child to be examined in any part of the County. There is much room for experiment in this field and the following extracts from certain Divisional reports show how the problem is being tackled in different areas:—

North Western Division

Dr. C. A. McPherson, Divisional Medical Officer, reports:—

“We have attempted as far as possible during the year to arrange that clinics for mothers and children aged 0 – 5 years should be conducted by medical officers who have some special knowledge and interest in the modern screening techniques for children. In October, 1969, Dr. West was appointed Senior Medical Officer in the Division and it is part of her duty to encourage the development of this field of work as far as possible.

Dr. Lilliott, whose work is mainly related to the Walton and Hersham areas is already qualified for this type of examination. In April, 1970, Dr. Anderson, part-time Medical Officer in Camberley, was authorised to attend a residential Course in Bristol and she now pursues the examinations at the Berkshire Road Clinic, Camberley.

In most of these Clinics, therefore, we have the services of either a Doctor especially skilled in this work or the services of one who fully appreciates the need for paying particular attention to this type of examination. All medical officers now have the Stycar Testing Manuals and the majority of them are also using the Stycar hearing and vision testing special equipment.”

Northern Division

Dr. M. V. Hope, Senior Medical Officer, reports:—

“During the past year I have held weekly developmental clinics in Shepperton, initially screening the ‘At Risk’ cases but as the year went on we have attempted to see as many as possible of the 3 year old children.

This examination included a full ante-natal history and medical and progress history up to that age followed by a physical examination. During the history taking I have observed the child attempting simple puzzles and the normal 3 year old Mary Sheridan tests, i.e., bridge and tower building with the Stanford Binet blocks, their capabilities of drawing a circle and other simple drawings.

We have done a speech screening test¹ and where speech was not up to standard referral to the Therapist and a routine audiometry test carried out so that therapy can be instituted by the 4th year rather than leaving this until school entrance. We test the vision wherever possible with a Stycar. I also see children at six weeks and one year, especially if there is cause for concern and they are referred either by the G.P.s who do ordinary baby clinics or the Health Visitors.”

South-Eastern Division

Dr. G. Tapp, Senior Medical Officer, reports:—

“In the South-Eastern Division in 1970, we have adopted a policy of seeking out those children whom we feel may present particular difficulties or problems when starting school, and offering a pre-school assessment. The presence of a parent is, of course, essential to this examination, and the child and parent are invited to come to the Clinic at a time convenient to them and the doctor. This invitation is usually extended through the Health Visitor concerned with the family.

The examination is recorded on Form 10M. so there shall be continuity with further examinations carried out during the school career. The doctor will have available any relevant medical records, including Infant Welfare records, that may be useful to him or her during the examination and subsequent discussion with the parent. After the assessment has been completed, the general rule is that, having obtained the parent's consent, a letter is written to the Head Teacher of the school the child will be attending within the next few months, putting the position as clearly as possible, explaining the medical situation in lay terms, and defining any difficulties that may arise in the educational field relating to the medical situation.

The children invited to this examination are selected from the Observation/Handicap Register. This register, in its new form, has only been in existence since 1968, so naturally the children now rising school age are those children who have been grafted on to this Register from our previous pre-school records of children with handicaps or a known medical history which might give rise to difficulties in the educational field.”

The importance of early diagnosis of developmental defects, not only in the light of obtaining any possible treatment, but also from the educational point of view is manifest. The old “Infant Welfare Clinic for pre-school children” and “School Health Service for Schoolchildren” concept is no longer apt. The child is an individual and an approach to his development which arbitrarily transfers him from one form of care to another at five years is outdated in view of the improvements which have taken place in developmental diagnosis in the early years. This goal is steadily being achieved, and a unified approach to the service as a whole is made in Surrey, from the medical officers in the schools and clinics at field level to the management at County Hall, where both pre-school and school health problems are dealt with by the same personnel working in one section.

With the development of attachment of health visitors to general practice on the increase a number of practitioners have expressed interest in holding their own Child Health Clinics, and as much assistance as possible is

1 See page 62.

given to them in this field together with encouragement to adopt similar practices as regards examination and recording as are maintained in County Clinics. The number of such practices is small however, and it is essential that when the future re-planning of the National Health Service is considered arrangements for the continuation of this service be made. The increasing number of health centres should facilitate the working of a system of community paediatricians linked closely with general practice and hospitals.

The following table shows the number of children who attended Child Health Clinics during 1970, together with the amount of time devoted by staff to this activity. 87.8 per cent of the children born during the year attended, a figure which remains remarkably constant. Total attendances of all children were over ¼ million.

Number of children who attended during the year.				Number of sessions held by:—				Total No. of sessions in columns 5 - 8 (9)
Born in 1970 (1)	Born in 1969 (2)	Born in 1965-68 (3)	TOTAL (4)	Medical Officers (5)	Health Visitors (6)	G.P.'s employed on sessional basis (7)	Hospital medical staff (8)	
11,974	11,755	18,682	42,411	6,505	675	1,096	—	8,276

AUDIOLOGY

All infants in the County are offered a screening test of hearing at about 7 months of age. Those who fail are referred to audiology clinics held by the Senior Medical Officer for the Audiological Service at the main centres in the County. Children particularly at risk for hearing defects e.g. rubella babies or those where there is a family history of deafness are generally referred for assessment at a much earlier age.

PHENYLKETONURIA

All infants born in the County, whether at hospital or at home, are tested for this hereditary disease by a simple blood test carried out on the sixth day of life. Blood specimens from the Northern Division are sent to the pathological laboratory at the Hospital for Sick Children, Great Ormond Street, for testing and those from the rest of the County to the laboratory at Queen Mary's Hospital for Children, Carshalton. No cases of phenylketonuria were reported during the year.

IMMUNISATION AND VACCINATION

The number of children immunised against diphtheria, whooping cough, tetanus, poliomyelitis and measles is shown in Table 8. The children commonly receive the first three in the form of a "triple" injection given at 6, 8 and 12 months, with poliomyelitis vaccine given orally at the same visit. Very few children born in 1970 will therefore complete their courses of these antigens during the year. There is a time lag in completing the course of injections and where some parents are less anxious about immunisations this is greater than with others. The health visiting staff are however very aware of the need to keep a high rate of protection against diphtheria in the child population and a recent examination of the situation shows that 70% of infants are completing their immunisation by the age of about one year, and 80% by the age of two years. By the age of four 90% of children have completed the course and at five (school entry) 99% are fully immunised against diphtheria.

Immunisation is carried out either by the general practitioner or at the local authority clinic and the following table shows the percentage of children immunised by each method in the various areas of the County. During the year a slightly larger overall percentage of children were immunised by general practitioners than in 1969:—

	Vaccination and Immunisation 1970	
	G.P.s %	County Council Clinic%
Northern	39.59	60.41
North Western	64.00	36.00
South Western	60.00	40.00
South Eastern	61.00	39.00
Epsom	29.02	70.98
Esher	34.80	65.20
Woking	58.98	41.12

The difficulties experienced over the supply of measles vaccine during 1969 continued during the early months of 1970. It was not until April that the Department of Health & Social Security was able to write to all medical

officers of health and general practitioners stating that increased supplies of vaccine were available, and sufficient would once again be forthcoming to allow resumption of the campaign to immunise susceptible children up to the age of 15. In spite of this, however, reference to Table 8 shows that relatively few children were immunised. For example the cumulative total for the two-year old group of children born in the year 1968 is now about five and a half thousand, out of a possible fourteen and a half thousand. There appears to be little doubt that this vaccine has never been really well received both by the public and some of the medical profession, and that the incident which led to withdrawal of one brand of vaccine during 1969 only served to damp down again any increasing acceptance that might have taken place.

It is unfortunate that there is resistance to the vaccination of children against measles, as the premise on which the original decision to introduce generalised use of this antigen was taken still holds good, i.e. that the rate of serious complications from natural disease is far greater than that which might arise from the use of the vaccine. Records of any serious reactions occurring following the use of vaccine have demonstrated clearly that this is so, and yet many people would still appear to prefer that children should succumb to an uncontrolled natural infection with a demonstrable risk of serious complications or death. In fact out of 3,053 cases of measles notified one child aged 2 years did die from complications of the disease during the year.

It is difficult to comment upon any immediate effect which measles vaccination may currently be having on the incidence of the disease in Surrey, as the number of cases expected during 1970 would not have been high as it was not a bi-ennial "measles year". It will be recalled that the number of cases which occurred in 1969 was far below the expected number, but the 3,053 notified during 1970 shows no significant change in respect of previous inter-epidemic years (4,095 cases in 1966, and 1,812 in 1969). Cases were reported throughout the year with a noticeable peak during July and a subsidiary peak during November.

1970 was notable for another advance in the field of immunology. As from September the Department of Health & Social Security made available rubella vaccine to be offered to schoolgirls aged between eleven and thirteen, with a recommendation that it should be given initially to girls aged 13 years. The aim is to ensure immunity to the disease during the childbearing years, when maternal rubella so frequently results in serious handicaps in the infant. Vaccine was issued free of charge to local health authorities for use by them or by general practitioners in the area.

Accordingly it was decided that the parents of all schoolgirls aged 13 years should be sent an application form with an explanatory covering letter, asking them whether they wished their daughter to be immunised against rubella and if so whether in school or by their general practitioner. By the end of 1970, 4,692 forms had been issued and 3,512 requests for vaccination received, an overall acceptance rate of 75%. This may be considered very satisfactory for a new vaccine and contrasts markedly with the measles situation. The offer of vaccination through the school health service appears to have been very acceptable to parents as 3,180 (90%) requested vaccination in school.

In recent years there has been some interest in developing alternative methods of injection suitable for programmes of mass-immunisation avoiding the use of multiple syringes and needles. In three areas of the County one such apparatus, the Dermojet, is being used for B.C.G. vaccination of schoolchildren. Dr. J. B. Morwood, Divisional Medical Officer of S. E. Division reports:—

“Two of these instruments have been used in this Division during the last two years. These ‘guns’ have been found particularly useful when carrying out large-scale sessions of B.C.G. Vaccination.

Correct administration of an intra-dermal injection is essential when performing B.C.G. Vaccination as poor technique can give rise to an unnecessarily large number of severe local reactions.

The Dermojet ensures a graded dose of vaccine intra-dermally and besides use in the case of secondary schoolchildren, can also be used successfully with extremely disturbed or severely handicapped children, where the ordinary intra-dermal injection with a normal syringe and needle is not always possible.

Medical officers using the Dermojet are in favour of this method of B.C.G. Vaccination and would not wish to return to injection by syringe and needle.”

DAY NURSERIES

The situation in the five County Council Day Nurseries is summarised below:—

No. of places at 31.12.70.	Average daily attendance during the year.	No. of children on register at 31.12.70.	No. of Priority children on waiting list at 31.12.70.
210	190.86	216	61

The attendance at these nurseries fluctuates daily and the average daily attendance will always be below the maximum. Admissions are reserved for the usual priority groups of children. Ashford, Epsom and Redhill Day Nurseries are designated training nurseries for the National Nursery Examinations Board.

It was mentioned in my report last year that the Department of Health and Social Security had agreed in principle to the erection of a new nursery on a site in Station Road, Redhill. In view of the poor conditions of the

existing Redhill Day Nursery premises, the Department were later able to include this project in the 1970/71 programme. Sketch plans were approved, the lowest tender in the sum of £42,595 + £4,900 for fees was accepted and building work commenced on 29th March, 1971. The new building is expected to be taken into use during March, 1972.

CO-OPERATION WITH THE CHILDREN'S DEPARTMENT

An important additional area of co-operation with the Children's Department was developed during the year, in that arrangements were made for all infants for adoption to have their pre-placement examination carried out by medical officers in the Health Department trained to do developmental examination of infants. This development had been envisaged for some time, and it was possible to implement it so as to coincide with the bringing into use of a new and very detailed infant examination form developed by the Association of British Adoption Agencies. The importance of a thorough comprehensive examination of infants placed for adoption cannot be over-emphasised, and it is therefore pleasing to report that the new arrangement is working very satisfactorily.

It is also important that prospective adoptive parents should be medically examined to show whether they are suffering from any health problem likely to make them unfit to adopt. These medicals are carried out by general practitioners for a recognised fee, and the Principal Medical Officer acts as medical referee on behalf of the Childrens Officer. 193 couples were examined during 1970, of whom eight couples were rejected on account of the health of one partner.

NURSERIES AND CHILD MINDERS

The following table shows the number of persons and premises registered at the end of the year, after adjustment for new registrations and cancellations. The number of individual persons registered shows a marked increase over 1969, reflecting the need for people accepting one or two children to register. The number of premises has also increased. Overall 10,579 children are being cared for, an increase of 951 over the previous year. At the end of the year the authority was paying for 31 children placed with private child minders.

	Registered Premises					Registered Persons		
	Factory		Other		Total			Total
	All day care	Sessional care	All day care	Sessional care		All day care	Sessional care	
Number of premises or persons registered at 31.12.70	3	—	15	324	342	369	261	630
Number of children permitted	85	—	300	7,970	8,355	845	1,379	2,224



PRE-SCHOOL PLAY GROUP

A busy group of youngsters enjoy their preparation for school in the new Health Centre at Woking.

A further worthwhile aspect of the new situation prevailing in day care of children is the Secretary of State's approval for local health authorities to arrange for children in the priority groups to receive full- or part-time day care with persons or groups registered under the Act, and to pay a reasonable charge. Authorities are enabled to recover charges from the parents in the same way as they recover charges for places in their own day nurseries. The County have availed themselves of this approval and at the end of the year 26 children were so placed.

DENTAL CARE OF MOTHERS AND YOUNG CHILDREN

Dental inspection and treatment of expectant and nursing mothers and children under five years of age was undertaken by the dental staff mostly engaged in the School Dental Service who devoted part of their time to the care of mothers and young children.

There were 4,126 attendances by pre-school children and 3,523 fillings were completed for the conservation of deciduous teeth. 661 teeth were extracted under general anaesthesia.

Treatment for mothers included 576 fillings, 196 extractions and the provision of 50 dentures.

Individual and group talks on dental health education were given by members of the dental staff. Health Visitors generally allocate time at mothercraft classes to this subject with special reference to the importance of adequate and properly balanced diet to help promote sound teeth. Considerable use was made of film strips and leaflets dealing with all hygiene and diet.

CHAPTER FOUR – NURSING SERVICES

MANAGEMENT STRUCTURE OF THE LOCAL AUTHORITY NURSING SERVICES

In January, 1970, the Council's attention was drawn to the report of a Working Party set up in consultation with the Local Authority Associations concerned, to review Senior Management structure in the Community Nursing Services in Great Britain.

Certain recommendations about management, organisation, structure and training were made. The report was referred in the first instance to the local authority associations and to the professional interests for their observations and, on Whitley aspects to the Nurses and Midwives Whitley Council.

In August, Circular 13/70 was received from the Department of Health and Social Security. This stated that the Secretary of State was in general agreement with the report's main recommendations and commended them to local health authorities for early consideration. Local Authorities were asked to re-examine their existing nursing staff structure as a matter of urgency in the light of the Working Party's recommendations, and to send to the Secretary of State not later than 31st December, 1970, an interim report on action taken or planned under this Circular.

The Working Party felt that demands on the Community Nursing Services were likely to increase, and stressed the importance of good management to ensure improved patient care.

It was recommended, *inter alia*, that there was a need for three levels of management in community nursing — top, middle and first line — and that all Local Authorities should appoint a Chief Nursing Officer to co-ordinate and direct Health Visiting, Home Nursing and Domiciliary Midwifery services within her area. These recommendations were acceptable to the County Council. There has been of course for many years, three levels of nursing administration in Surrey and a Chief Nursing Officer has been in post since 1956.

In August, 1970, a further letter was received from the Department stating that it had been decided to invite 10-12 local Authorities to set up model schemes and I am pleased to report that this Authority was one of those selected. We were required to prepare a carefully monitored logical management structure. Officers from the Department visited the Authority on two occasions in order to discuss the scheme and to meet a wide selection of staff. The scheme subsequently presented by the Authority has been approved.

NURSE EDUCATION

During the year the implication of the revised General Nursing Council (1969) Syllabus of nurse training aroused considerable speculation and discussion.

There was some uncertainty about the implication of the proposals contained in the Syllabus relating to the community nursing services, and Circular 18/70 received in December has clarified some of these doubts.

It would appear that each Local Authority will make its own arrangements regarding the acceptance of students for community training and these will vary according to resources available.

Student nurses from all the County hospitals will continue to spend some days with the nursing personnel in the County in order to gain an insight into the community services. Schemes for students wishing to train to work in the District Nursing service will have to be approved by the General Nursing Council and the Department of Health and Social Security.

COMMITTEE ON NURSING

This Committee set up under the Chairmanship of Professor Asa Briggs "to review the role of the nurse and midwife in the hospital and the community and the education and training required for that role so that the best use be made of available manpower to meet present needs and the needs of the integrated health service."

Towards the end of the year we were pleased to be given the opportunity to assist in the work of the Committee by receiving a group of members for a visit to the County. The Committee members were anxious to gather first hand experience of community nursing services.

Eight members of the Committee together with the professional adviser, secretary and two assistant secretaries spent a day in the County.

A programme was planned and the party met senior medical, nursing and administrative officers and were given an opportunity of discussing different aspects of the service with health visitors, nurses and midwives.

I am pleased to report that the members found this visit most helpful.

WORK UNDERTAKEN BY HEALTH VISITORS IN 1970

The Health Visitors establishment was increased by 11 during the year. These were the first appointments made from the 45 additional appointments required to make it possible to reduce the population served by the Health Visitors to 1 to 4,000.

Many general practitioners are appreciating the Health Visitors contribution towards total family care for the first time. Theoretically one would say that the general practitioner and the Health Visitor are natural partners, both generalist workers and the only professionals with access to the whole community in the district where they work. Far sighted Health Visitors are willing to expand the range of their duties, and, it is interesting to note the type of referrals passed on to them by the practitioners.

It is difficult to assess the depth at which people work, but an attempt made at the time of the annual review showed that many Health Visitors are giving very good supportive care and are showing considerable insight into the needs of people living under stress, for example where there is marital disharmony or where there has been a recent bereavement. Some Health Visitors have been asked to work with people who have attempted suicide. It is also interesting to note the follow up care they are being asked to give to patients who have been discharged from hospital but who are in need of help and advice.

Table 9 shows the Health Visitors case load in 1970 and the comparable figures for the three previous years. The number of families known to the Health Visitors have increased and it is interesting to note the growth of work in such groups as the elderly, the handicapped, and educationally sub-normal children.

In most districts classes are conducted for expectant mothers, and a parents circle. In addition, a number of Health Visitors are concerned with health education programmes in schools. They also speak to other groups in their districts.

I am pleased that it was possible to allocate additional clerical assistance to the Health Visitors during the year in order to free the professional staff to carry out the duties for which they are employed. Registered nurses worked in the school health service as assistants to the Health Visitors.

Unfortunately it was not possible to maintain a full establishment throughout the year. However, twenty-six students qualified in September and they are now working in the county as Health Visitors and another thirty-one students started their training in September, 1970. We are fortunate that we have been able to build up a lively group of field work instructors who make a good contribution to the students training programme.



HEALTH VISITING

A Surrey health visitor obtains rapt attention from secondary school pupils on the subject of smoking and health (photograph by courtesy of George J. Keen, Clarence Street, Staines).

THE WORK OF THE DISTRICT NURSE

The establishment of District Nurses was increased by 15 during the year. These were the first of the 34 additional appointments required to make it possible for the Nurses to work in a ratio of 1 to 4,000 of the population. I am pleased to report that our recruitment position was good throughout the year and in fact we had a full establishment for most of the year.

There was a 15.1% rise in the number of cases nursed by the staff and a 7.8% increase in the number of visits to patients (see Table 10). This growth in the work occurs largely in the group attachment schemes but room and opportunity for further developments of this service still remains.

Circular 8/70 received from the Department of Health & Social Security in June gave information regarding the requirements for District training of State Enrolled Nurses. This was received with much pleasure and 4 S.E.N.s started their District training in the autumn school and in due course passed the examination.

DOMICILIARY MIDWIFERY

The total number of births attended by domiciliary midwives was 1,199, 287 fewer than in 1969, a decrease of 19.7%. There were 4,280 early discharges, an increase over the previous year of 13.1%. The District Nurse/Midwife and Midwives continued to deliver patients in Crawley, Frimley, East Surrey, The Jarvis, and Haslemere Hospitals and plans are in being to extend their activities to other hospitals within the County. During the year 179 births were conducted in hospitals by domiciliary midwives.

GROUP ATTACHMENT SCHEME

There has been an increase in the number of attachment schemes and the number of staff working in such schemes at the end of the year is shown in the extract from the annual return to the Department of Health & Social Security reproduced below:—

TABLE 1 Staff working within attachment schemes

Type of staff attached	Number of staff working:--			Total (3)
	wholly within attachment schemes (1)		partly within attachment schemes (2)	
1. Health visitors	Part Time	15	—	124
	Full Time	109	—	
2. Home nurses				91
(a) S.R.N.	Part Time	17	—	
	Full Time	74	—	
(b) S.E.N.	Part Time	1	—	11
	Full Time	10	—	
3. Staff on combined midwifery/home nurse duties	Part Time	13	—	61
	Full Time	48	—	
4. Total				287

- Notes: 1. Figures refer to persons, and not whole-time equivalents.
2. Part-time staff are included in column (1) if they perform no local health authority duties outside the attachment scheme.

TABLE 2 G.P.s working within attachment schemes

Type of staff attached	Number of G.P.s working within: –		Total (3)
	full attachment schemes (1)	other attachment schemes (2)	
5. Health visitors only	30	—	30
6. Home nurses only	17	—	17
7. Health visitors and home nurses and district nurse midwives	246	—	246
8. Total			293

We have made it possible for the surgery duties in many practices to be covered by the attached nursing staff and in this way an improvement in continuity of care for patients has been achieved. In addition there has been a development in the type of treatment provided in the surgery and several doctors have asked the staff to carry out certain procedures some of which are not included in the General Nursing Council syllabus of training.

The need for post certificate training is becoming apparent and this need has been discussed with the Joint Board of Clinical Studies. Unfortunately the needs of the community nurse is outside the terms of reference of this Board.

Consideration is being given to planning an on-going training programme in order to meet this new need. In the meantime the staff have been told not to carry out any procedure for which they have not received training. The legal aspects of this changing pattern have been given careful consideration.

CHAPTER FIVE – MENTAL HEALTH SERVICES

Following the major legislative changes which were enacted during the year from 1st January, 1971, the duties of Local Health Authorities under the Mental Health Act, 1959, will pass to the new Social Services Committees whilst responsibility for the education of mentally handicapped children will pass to Education Authorities as from the 1st April, 1971. In this final report regarding the functioning of the mental health services, as they are at present constituted, I have therefore tried to summarise some of the developments in this service in Surrey since the implementation of the Mental Health Act in November, 1960.

MENTAL HEALTH SOCIAL SERVICES

When the County Council made their proposals under the National Health Service Act of 1946 the field staff of mental health social workers numbered 15 – at the end of 1970 there were 48 in post, of whom 17 were qualified, 5 were seconded for training, 11 were trainees and 15 were unqualified. These increases in staff were made to meet the needs of an expanded mental health service, and in particular in 1969 when the reorganisation of the field work structure included a combined social work service for Brookwood Hospital; this arrangement has proved successful providing as it does a continuity of support of patients by social workers from the area where the patients normally reside.

The Council have approved in principle the use of voluntary workers in other social work services, and it was felt that the mental health service would also benefit by the attachment of voluntary workers to their teams. We are fortunate to obtain the services of an experienced organiser of voluntary workers in the mental health field who organised a pilot scheme late in the year in the South Eastern division and the Epsom area of the County, and sufficient persons known as “Community Care Workers” were recruited to work under the direction of the organiser in assisting the mental health social workers in carrying out duties which do not require the services of a professionally trained social worker. In the short time this scheme has been in operation I would say that it has proved of considerable assistance both to the patient and to the professional social worker.

RESIDENTIAL ACCOMMODATION

The 1959 Act placed responsibility on Local Authorities for the provision of residential care for persons suffering from mental disorder but who do not require medical or nursing care. Accommodation has been provided over the past ten years as follows:—

- 1962 One Hostel for sub-normal children – 30 beds
- 1968 One Hostel for mentally-ill persons – 20 beds
(Initially at Surbiton, but since transferred to Woking)
- 1969 One Hostel for sub-normal adults – 30 beds
- 1970 One Hostel for sub-normal children – 20 beds

It is planned to open two further hostels for sub-normal adults – each of 25 places in 1971/72. The Council have also continued to maintain mentally disordered persons in hostels belonging to other Local Authorities and Voluntary Organisations. Figures show that at the end of 1960 only one person was being so maintained, but by 31st December, 1970, 98 were resident in County Council establishments and 106 elsewhere.

SPECIAL TRAINING SCHOOLS AND TECHNICAL TRAINING CENTRES FOR THE MENTALLY HANDICAPPED

While the provision of adult centres for the mentally disordered becomes the responsibility of the new Social Services Committee, on the 1st April, 1971, responsibility for the special training schools will pass to the Education Committee.

Ten years ago eight training centres catering for all ages were provided, held mainly in rented premises under conditions which were by and large unsatisfactory for the needs of the trainees attending. Today only one centre, for adults, remains in rented premises and in a matter of months this last one will be transferred to purpose-built accommodation. It had been hoped that an additional 92 place special training school for Juniors at Shepperton would have been opened during the year, but owing to difficulties with the contractors, completion has been delayed until 1971.

Special Care Units catering for children who, in addition to mental handicap, have a secondary condition which prevents them either temporarily or permanently from fitting into other groups have for some time past been a feature of the special training schools. This feature was extended to the adult units during the year.

It is pleasing to report that Parent-Teacher Associations now exist at each of the special training schools. These associations extend the good liaison which the County Council have had with the local branches of the National Society for Mentally Handicapped Children over the year, and form an essential part in the development of Services for the Handicapped.

DAY CENTRES AND SOCIAL CLUBS

The Day Centre for the Mentally Ill at Epsom was transferred to Banstead early in the year to enable its premises to be used as a day hospital by a local hospital but in spite of this move 29 persons were on the register on the 31st December, 1970. Budget provision has been made for two additional centres to be opened during the financial year 1971/72. Rehabilitation social clubs for the mentally ill continue to be run and staffed by the County Council and social clubs for the mentally handicapped by local branches of the National Society for Mentally Handicapped Children.

HOLIDAY HOMES FOR MENTALLY HANDICAPPED CHILDREN AND ADULTS

The Council continued their practice for arranging for groups of children and adults to enjoy organised holidays during the summer. 35 Surrey children and 92 adults benefited from these holidays during 1970, 54 being accommodated at Pengwern Hall, Rhuddlan, North Wales, 38 at St. Mary's Bay School Centre, Dymchurch, and 35 at Pirates Spring, also at Dymchurch. One child and three adults attended holiday camps arranged by other local authorities.

STAFF TRAINING

Details of training of staff of the mental health services will be found in the chapter on training.

STATISTICS

Looking back over the past ten years, it is interesting to note that on the 31st December, 1960, the total number of persons receiving any form of community care by reason of mental disorder was 1,848 whilst on the 31st December, 1970, the number had risen to 2,268. This rise represents a significant development in meeting the needs of the community and not a phenomenal increase in the incidence of mental disorder. Statistics for 1970 will be found in Tables 11 to 13.

CHAPTER SIX – PREVENTION OF ILLNESS, CARE AND AFTER CARE

TUBERCULOSIS

Responsibility for dealing with this disease is shared between the County Council and the Regional Hospital Boards for the South-West Metropolitan and North-West Metropolitan areas. The Council are responsible for prevention, care and after care, the Boards for diagnosis and treatment. Local activities are centred at the chest clinics where the chest physician is in charge.

The chief services in the anti-tuberculosis field provided by the Council are the visiting of tuberculous households by Health Visitors and support given by Social Workers to the tuberculous and their families. Other services include BCG vaccinations, the follow-up of school contacts by Divisional Medical Officers and chest physicians (see also chapters 3 and 13).

The 13 Voluntary Care Committees and the Standing Conference of Care Committees for Tuberculosis and Chest Diseases, all of which are aided by grants from the Council, continue to augment official schemes, chiefly by the provision of food, fuel, household items, holidays, art therapy, loans and grants, etc. The Surrey Education Committee again granted the use of Sheephatch School for a fortnight's holiday for child contacts and contributed 25% of the cost of sending 37 Surrey children there.

Statistical details provided by the Medical Director of the Surrey Mass Radiography Unit will be found in table 14.

During 1970 the scheme for the provision of milk, free of charge, to needy patients was extended to include other nutritious foods and necessities. The new scheme is run for the Council by the Standing Conference of Surrey Care Committees, to which cases are referred by the Council's Social Workers.

OCCUPATIONAL THERAPY

The services of the Council's team of Occupational Therapists are available for tuberculous patients. Details of this service which is mainly given to the physically handicapped, will be found in the chapter on Welfare Services.

VENEREAL DISEASES

Hospital clinics continued at Guildford, Woking and Redhill during the year and the number of Surrey residents attending these clinics is shown in the table below which also includes in the column "other clinics" Surrey patients attending clinics at surrounding hospital clinics. The figures in brackets relate to 1969.

1970	Guildford		Redhill		Woking		Other Clinics		Total	
New cases (Surrey)										
Syphilis	9	(4)	1	(1)	5	(2)	32	(28)	47	(35)
Gonorrhoea	65	(58)	24	(10)	18	(26)	218	(325)	325	(419)
Other Conditions	389	(364)	99	(61)	175	(182)	1,981	(1,854)	2,644	(2,461)
Totals	463	(426)	124	(72)	198	(210)	2,231	(2,207)	3,016	(2,915)

The total number of new cases has risen from 2,137 in 1968 to 3,016 in 1970.

Contact tracing, persuading women defaulters to resume attendance and securing the attendance of persons exposed to infection is exercised by the Council's Special Services Visitor. Male contacts and defaulters are dealt with similarly by a member of the hospital clinic staff. The responsibility for this form of epidemiological control has for many years been delegated to the hospital venereologists and close contact has been maintained through the special visitors thus ensuring that the Department of Health recommendations made in Circular 38/68 are implemented.

Health education on the venereal diseases is given due prominence in the County. During the year a complete revision of the dates and times of special clinics dealing with the treatment of the venereal diseases took place and the opportunity was taken to reprint a poster announcing these clinics for use on a wide variety of sites. Medical officers of health of County districts co-operated in promoting this publicity. In addition, prominent publicity was given by advertisement monthly in all the main County journals. The Surrey Family Planning Association information leaflet has now incorporated a list of addresses of special clinics for general distribution.

In the educational field the approach is more cautious. While medical and nursing officers have incorporated information on the venereal diseases occasionally as part of a wider programme, the general aim has been to concentrate on the establishment of good personal relationships and a discussion of the motivation leading to promiscuity.

CHIROPODY SERVICE

Mr. J. P. Coleman, Chief Chiropodist writes:—

“The Chiropody Service is rapidly expanding although development has been hindered by the shortage of professional staff. During the early part of the year the service was under strength having only 9.1 chiropodists. As the year progressed the situation improved and at the end of the year the number of chiropodists working directly for the County Council was 13.9 with a further 2 full-time chiropodists awaiting appointment as against an establishment of 16.6.

In addition to encouraging recruitment of new staff, I feel that it is important to see that all available chiropodists working for the Local Authority at County Council clinics, on domiciliary visits, in old people's homes and in clinics run by the voluntary organisations are deployed to the best advantage. The improvement in the staffing position during the year means that it is now possible to visit most patients at two monthly intervals and to meet the demand for additional clinic sessions where these are indicated.

The indirect service in Surrey continues to be carried out under the auspices of the Surrey Association for the Elderly and the British Red Cross Society. During the year many of these clinics have doubled the number of sessions in order to ensure that as many patients as possible receive an adequate number of treatments. I should like to pay tribute to the work done by the staff of these voluntary organisations in running these clinics.”

Table 15 shows details of the work of the chiropody service during 1970.

PREVENTION OF THE BREAK-UP OF FAMILIES

A register of families at risk of break-up is kept and at the end of the year there were 766 families so classified.

Fieldwork

Many families received intensive help and support from the Council's team of Social Workers. Home Helps provided additional service in suitable cases.

An innovation during 1970 was the provision of workers known as family aids in a few selected cases. Family aids give domestic help where, for various reasons, it is not appropriate to supply formal Home Help service. They were recruited by the Children's Department in co-operation with the Divisional Medical Officer although the service is administered by the Home Help Organiser.

Training and Rehabilitation

2 families were admitted for training to privately run homes during the year. In addition 8 families received training at establishments run by the Council.

Holidays

Recuperative holidays were arranged for 25 families. 92 children from families at risk received a fortnight's summer holiday at Sheephatch School, the Education Committee meeting the full cost.

Children and Young Persons Act 1963

Under Section 1 of the Children and Young Persons Act, 1963 it is the duty of every Local Authority to make available such advice, guidance and assistance as may promote the welfare of children by diminishing the need to receive them into or keep them in care or to bring them before a juvenile court. The Children's Committee authorised financial assistance to a number of families, mainly in respect of arrears of rent, payment of gas and electricity bills, arrears of hire purchase payments etc. Rent guarantees were given to Housing Authorities in some cases.

Divisional Medical Officers and Social Workers were concerned in presenting many of the applications for assistance. Both the Children's Officer and I had delegated authority to approve cases where the cost did not exceed £100.

Cases approved by me involved 72 families including 276 children. 57 grants and 17 loans were made to these families and 14 rent guarantees were given to Housing Authorities. Payments were made during 1970 under 9 of these guarantees.

RECUPERATIVE HOLIDAYS

The Council sponsor the admission to holiday homes of patients who are in poor health and need a period of recuperation to assist or complete their recovery but who do not require organised medical or nursing care. Holidays are usually of two weeks' duration although a longer period may be authorised in exceptional circumstances.

During 1970 210 patients received this service as against 259 in 1969.

AIDS TO DAILY LIVING AND MEDICAL EQUIPMENT

Aids and Equipment for the Elderly

This scheme, which was started in 1966, continues to expand. 1513 applications were dealt with by the end of the year as compared with 1203 in 1969. Aids requested were mainly for bathing, toilet and walking needs.

Medical Loan Depots

The British Red Cross Society and the St. John Ambulance Brigade continued to maintain medical loan depots throughout the County. Nursing equipment may be borrowed from the depots for a maximum period of six months. All loans are free of charge but a deposit, which is returnable, is required.

Medical Comforts

Articles of nursing equipment required permanently by patients are supplied by the Council.

Adaptations to Homes of Patients Using Kidney Machines

Kidney machines to enable patients to undergo intermittent dialysis at home are provided and maintained by the Hospital Authorities, who also pay for the extra cost of electricity, running the machine, the installation and rental of a telephone where this is necessary, and provide the relevant medical services.

The cost of incidental adaptations to the homes of patients however is the responsibility of the local authorities and although such adaptations consist in the main of plumbing and electrical wiring, in some cases where no suitable room exists an extension to the property may have to be built. During 1970 a prefabricated room to contain a kidney machine was provided in one case.

The financial resources of patients are assessed to decide what they shall be required to contribute towards the cost of adapting their home. There is no doubt that this is a matter which sometimes causes resentment amongst the patients or their families who are asked to pay and cannot understand why they should be asked to do so when the machine is loaned free of charge by the hospital authorities.

During 1970 5 patients had had their homes adapted with the assistance of the County Council as follows:—

Homes owned by patients or spouses	Homes owned by Housing Authorities	Homes owned by private landlords	Total number of applicants	Financial assistance given by County Council			
				Grant of whole cost	Grant and Loan	Loan of whole cost	Other arrangements
1	4	—	5	1	3	1	—

GERIATRIC CLINICS

Geriatric Clinics are held at 23 Centres throughout the County and a total of 14,161 attendances were recorded in 1970 giving an average of nearly 11 attendances at each session. The comments of Dr. C. A. McPherson, Divisional Medical Officer, North-Western Division, which follow, give details of the work undertaken at a typical geriatric clinic:—

“The Clinic for the Elderly held in the County Clinic, Molesey Road, Hersham on Wednesday afternoons continued to provide useful and well appreciated service during 1970. Whilst many defects detected were already known to General Practitioners some unknown and serious deviations from the normal were revealed, e.g. myxoedema and breast cancer. The resultant treatment of a patient with severe myxoedema by the General Practitioner altered her whole appearance and gave her a complete new lease of life.

The co-existent Physiotherapy Clinic carried on by our Physiotherapist was a great boon to arthritic patients and it was evident that the most severely affected did not like to miss a session.

It is unfortunate that government policy does not permit the provision of suitable appliances for giving heat treatment in conjunction with the physiotherapy. Whilst it is appreciated that this form of treatment is provided by the Regional Hospital Board at St. Peter’s Hospital, Chertsey, or the Locke-King Clinic, Weybridge, it is a fact that many old people do not like to go to these Centres as they prefer to be treated in company with other old people locally.

From 1st January, 1971 the Clinic is being transferred to Walton Health Centre where better facilities exist. It will be open on Tuesday afternoons and examinations will as usual be by appointment. Efforts are being made to improve and extend the transport arrangements for house-bound patients.”



DAY CENTRE FOR THE ELDERLY

A general practitioner carries out a health check at the Windle Valley day centre for the elderly.

FAMILY PLANNING

The Surrey County Council increased the annual grant to the Family Planning Association by £500 to £1,500 on 1st April 1971. Apart from the grant towards remission of fees in medical cases, the County Council also assisted the F.P.A. by granting free use of county-owned premises in 26 out of the total of 34 clinics which they provided throughout the County. 7 were held in hospital premises and one in rented premises paid for by the County Council. The County Council itself provided a further 5 clinics.

The following list of clinics provided by the combined efforts of the F.P.A. and the County Council shows that the County is geographically well provided with family planning services:—

Addlestone (FPA)	Halliford (FPA)
Ash (SCC)	Haslemere (FPA)
Ashted (FPA)	Horley (FPA)
Banstead (FPA)	Leatherhead (FPA)
Camberley (FPA — 2 separate clinics)	Merstham (FPA)
Caterham (SCC — 2 separate clinics)	Molesey (FPA)
Cobham (FPA)	New Haw (FPA)
Cranleigh (SCC)	Oxted (FPA)
Dorking (FPA)	Redhill (FPA)
Egham (FPA)	Shepperton (FPA)
Epsom (FPA — 2 separate clinics)	Staines (FPA)
Esher (FPA)	Stanwell (FPA)
Ewell (FPA)	Sunbury (FPA)
Farnham (FPA — 2 separate clinics)	Weybridge (FPA)
Guildford (FPA)	Woking (FPA — 2 separate clinics)
Guildford (SCC)	

In addition to the above the Family Planning Association provides Youth Advisory Centres at Guildford and Woking.

A total of 18,700 individual patients were seen at Family Planning Association Clinics in the County during 1970, an increase of 1,800 over 1969. 5,575 of these were new patients. The total number of repeat visits was 27,173. At Surrey County Council Clinics 557 individual patients were seen and there were 1,980 repeat visits.

During the past few years there has been considerable discussion concerning the need for a domiciliary family planning service in this country. In several areas this has been provided by the local health authority with considerable success. In Surrey, in spite of frequent discussion with field staff, it has always been difficult to obtain any great evidence of need for such a service. The Senior Medical Officer in charge of family planning services had herself visited such few cases as were put forward. In the Autumn of 1970, however, she resigned her post with the County and it was decided to replace her with a Countywide service constructed on a very simple framework. Each Division and Excepted District was asked to arrange with a trained doctor in the area to be on call for such cases as might require a home visit, this to be paid for on a fee per visit basis. By the end of the year the service had been set up, and it will be of interest to see how many calls are made upon it. It may be that in a County such as Surrey, with very good geographical coverage of clinics, and with health visiting and social work staff who are prepared to assist individual patients to get to clinics where necessary, the demand will not be great.

Towards the end of the year discussions were begun with the Family Planning Association with a view to adopting their National Family Planning Agency Scheme during the next financial year. This would entail the payment of an agreed per capita fee for medical patients in place of the present system of a lump sum annual grant from the County Council.

WELL-WOMAN CLINICS

The number of these clinics held in the County remained unchanged at 26 during the year. The object of these clinics is not purely the taking of a cervical smear, although this is the activity which usually receives the maximum amount of publicity and attention from the general public. It is, however, only part of the screening which consists of a more general health check, including examination of the breasts (there were 217 deaths from cancer of the breast in Surrey during 1970 as opposed to 79 from cancer of the uterus).

The total number of new patients seen at well-woman clinics during the year was 5,486, and there were 3,380 return visits. A total of 8,685 cervical smears were taken, out of which 18 showed abnormal cells requiring further follow-up, 9 showed a pre-invasive cancer, and 1 showed an established cancer to be present by the time the patient had reported to the clinic.

Apart from abnormalities uncovered by cervical smears, very many abnormalities of the genital tract were found, e.g., carcinoma of the cervix (3), pre-carcinomatous conditions (10), large fibroids (58), small fibroids (320), uterine prolapse (117), trichomonas infections (227) and monilial infections (122). Examples of major groups of abnormalities found by the general examination are given below, which demonstrate the value of the full examination as opposed to the isolated cervical smear test:—

Obesity	299
Breast abnormalities	272
Hypertension	198
Anaemia	118
Urinary infections	49
Diabetes or glycosuria	22

PROMOTION OF HEALTH

Health Education

“Growth is a word, a term, a notion covering a variety of diverse and complex phenomena”. — Paul Weiss

The nature of growth as the basis of human development has some relevance to the growth of health education activities over the years, for in each there can be seen not only an increase in size but also a series of changes in form and function.

Growth in size is reflected in the very large number and category of professional staff now involved in health education, comprising medical, nursing, teaching, public health and ancillary staff. Changes in form and function are illustrated partly by an emphasis on the promotion of vigorous well-being, partly by an extension into the field of general medical practice and partly by a re-allocation of professional time. Thus health visitors who were spending less than one per cent of their time in teaching sessions in schools in 1960 are now devoting more than fourteen per cent of their time to this work.

In the health centres and clinics routine health education proceeded unabated, while group sessions were devoted to relaxation and mothercraft courses, parentcraft evenings, well-woman clinics, geriatric clinics and mothers' groups. The latter are meetings, held usually one a month, for mothers with children up to one year of age. Talks, often illustrated by film or other media, and discussions with the health visitor cover a wide range of topics including child development, immunisation, hypothermia, separation, prevention of accidents, nutrition, dental health, play material, and so on.

Of especial interest, are the weekly obesity clinics now being established to deal with the problem of excess weight.

In the wider field the staff have considerably increased the scope and number of illustrated talks to community groups, including, at Woking, people from overseas through a community relations club. Examples of other groups are St. John's Ambulance and Nursing Divisions, Young Wives, Girls' Life Brigades, Girl Guides and Rangers,

British Legion, Church Fellowship, Mothers' Union, Old People's Clubs, British Red Cross Associations, Townswomen's Guilds, Inter-Action Church Groups, Young Conservatives, Parent-Teacher Associations, Youth Clubs and Women's Institutes. The topics discussed ranged equally widely in the fields of health and welfare, such as the use of leisure, the Seebohm Report, clean food and storage, first aid and home nursing, child health in an urban community, home safety, hygiene and public health, diet for health, the health and social services, foot health, childish ailments, community care, anatomy and physiology, smoking and health, child management, mental handicap, dental health, first aid, venereal diseases, sex and the single girl, and many others. An innovation has been regular group-teaching sessions by a health visitor at homeless families' accommodation. Other interesting work has been done in clubs for the handicapped and housebound where the Surrey Ambulance Service enabled these groups to foregather.

To provide added interest and stimulation to this work, much use has been made of the ever-increasing amount and variety of teaching aids by film, film cassette, filmstrip, slide, tape recordings, flannelgraphs, charts, models, display equipment, photography and publications, provided centrally through the health education service. All divisions and districts co-operated by arranging displays of posters and leaflets on various topics throughout the year and in many places special display material was provided for health centres and clinics, doctors' surgeries, playgroups, public notice-boards, libraries and other sites.

Exhibitions

Surrey was chosen to be featured on the General Dental Council's stand at the national exhibition staged as part of the Royal Society of Health Congress during April–May, which was attended by professional health workers from both this country and abroad. The exhibit, which was under the direction of the Health Education Officer, portrayed aspects of dental health education in schools and dental clinics under the title "Progressive Surrey makes dental health top priority in schools". The panels attracted much attention from the many hundreds of delegates including medical officers of health, teachers, school dental officers and students. To assist in teaching about dental health in the health centres and clinics a model roundabout was constructed in timber, standing on a mains electric turntable. Finished in brilliant colours, the pelmets contained lettered captions dealing with the rules of dental health. The display which was wired for continuous or flashing lighting, incorporated cut-out animal figures attractive to children. The display toured every main clinic in the County throughout the year.

At the Surrey County Show in Guildford a model house was incorporated into the County Council's exhibition. This display, constructed by the health education technical staff, consisted of a model home with nine rooms complete with furniture and accessories. There were about four or five safety hazards in each room. The display was lighted from within and incorporated a concealed tape-recorder which provided a continuous commentary on these hazards. This model, too, has been on tour around the health centres and clinics where it provided a focal point for teaching on home safety to all kinds of visitors. To celebrate the Centenary of Education the department accepted an offer of space to take part in an educational exhibition in collaboration with the teachers of North-West Surrey in July. Aspects of the medical and educational work of the School Health Service were demonstrated. Health visitors and health education officers were in attendance to explain the exhibit to many hundreds of parents and children and illustrated talks on child development were also provided.

The department also provided exhibits for use in the Town Show at Guildford in September.

Smoking and Health

The number of tobacco withdrawal clinics was increased to an all time record this year. Five carefully planned five-day group therapy courses were run at strategic points throughout the county at Reigate, Addlestone, Ashford Epsom and Woking. This represented the most concentrated drive since the commencement of these clinics in 1965. The five-day plan is a compact assault which can break the habit for good if instructions are followed precisely. The method is based on strengthened will-power, an intelligent understanding of the medical facts and a combination of suitable diet, exercise and correct breathing. Group therapy plays a vital part, and films and other visual aids are used to full effect. A personal control booklet is provided for each participant and the whole course is under medical direction and run in co-operation with the British Temperance Society. Over three hundred people attended with a very high success rate in the short term. Long-term assessments are under consideration.

Industry

Visits were made to several large industrial organisations, such as the British Aircraft Corporation, the Singer Sewing Machine Company and others in order to discuss with groups of employees, aspects of health and safety at work. Contact was established through the Personnel or staff Welfare Officer, and a good deal of publicity material on health was accepted by these and many other industrial and commercial firms.

Public Relations

The Department's Handbook of Health and Welfare Services was completely revised and reprinted for distribution to all staff concerned, and to a very wide range of other medical, nursing, social work and allied interests throughout the County. Voluntary organisations received copies and a large number was sent to individuals on request.

Press releases were provided on all the main items of interest throughout the year. The BBC broadcast a feature on the anti-smoking clinics in February on the South-Eastern Regional News.

Training

Most of the personal work in health education was, by its very nature, part of a wider training programme carried out by the department. Special reference is made, however, to several items of importance in the chapter on Training.

Venereal Diseases

Publicity and health education in this field has been referred to in detail at the beginning of this chapter.



SMOKING AND HEALTH

A Surrey medical officer demonstrates the hazards of smoking with a working model he has constructed for use in health education.

CHAPTER SEVEN – WELFARE SERVICES

PROVISION OF RESIDENTIAL ACCOMMODATION

This year has been one of continued progress. Two new homes for the elderly were completed and opened at Glendale, Walton-on-Thames, and Orchard Court, Lingfield. As a result 107 extra beds became available to reduce the numbers on the waiting list. These homes, one on three storeys and the other on two storeys, were built to the successful Cross-plan design. The construction of two other homes was nearing completion.

Two three-bedroomed houses were also built at Bradshaigh, Farnham, and at Rylston, Weybridge, to provide for attractive accommodation for the matrons of the homes, and another house was purchased for the matron at Orchard Court, Lingfield.

The County Council's first purpose-built home for physically handicapped persons at The Summers, West Molesey, was completed and opened during the year providing accommodation for forty residents in single rooms.

Many special features to meet the particular needs of the residents, most of whom have to rely on wheelchairs for movement within the building, have been incorporated in the design. Entrance doors operate automatically; there are no steps; all switches for lights, lifts, etc., have been placed to be within easy reach of persons using wheelchairs; toilets and baths have been specially designed, and garages with automatic doors and battery charging points have been provided for motorised invalid vehicles used by the residents. In addition to the usual dining rooms, lounges and kitchen containing all the latest equipment, various rooms and facilities have been provided to enable residents to pursue occupational therapy and handicrafts which include photography and jewellery making. In spite of the apparent need for this kind of special accommodation for the physically handicapped it is taking some time to fill this home with the particular type of resident who would be able to benefit from the facilities provided. Many potential residents are already accommodated in homes run by voluntary societies and are therefore reluctant to change and for others the step of going into special residential accommodation is one that they find difficult to take when the decision has to be made.

Statistics relating to the provision of residential accommodation are given in tables 16 to 19 and details of new-building works in progress are shown in tables 6 and 7.

Homeless Families

In accordance with previous policy, two Warden/Training Officers were appointed for the sites at Weybridge and Woking.

The social work and amenities provided for the children remains at a high standard. The Training Officers report that the children are deriving considerable benefit from the playgroups resulting in an improved standard of behaviour, which is reflected in their homes.

There has been an increase this year in the number of unsupported mothers admitted to Temporary Accommodation. A little more than half of the number admitted had endured marital breakdown, and for whom local authority accommodation would seem to be the only solution to their problem of homelessness.

Four more family units in the form of single properties have been acquired, which have proved very useful as a transitional step for families awaiting rehousing. Furniture including soft furnishings are provided by gifts through private individuals and by the salvage of secondhand materials by the staff concerned.

A second Driver/Handyman/Gardener has been appointed which has made it possible to assist more families, resident in Temporary Accommodation and at risk in the Divisions, with the provision of furniture, which has now become quite a sizeable problem.

Difficulty is still encountered in providing a solution to meet the need of emergency admissions outside normal office hours. During the year three families were accommodated for short periods in private accommodation whilst awaiting admission to Temporary Accommodation.

Statistics relating to homeless families appear in tables 20–22.

SOCIAL WORK SERVICES

Clients have continued to make ever increasing use of the Social Work Services during 1970 and in order to help meet these demands and in line with recommendations made in both the Seebohm and Aves Reports the Health and Welfare Committee authorised two experimental projects involving the use of individual volunteers.

One scheme relates solely to Mental Health Services and is reported in that chapter.

The second scheme was designed to use volunteers in multi disciplinary teams by attaching them to specific area offices. Four volunteers, all of whom have had some pre professional training or relevant experience undertook introductory preparation before helping individual social workers for periods of between six to nine hours each per week. Volunteers have undertaken specific selected tasks and the scheme which is co-ordinated by the Voluntary Services Liaison Officer has worked well. An evaluation is shortly to be made and the attached volunteers scheme may be extended when the new Social Services Department becomes operational next year.

Welfare of the Blind and Partially Sighted

A wide range of services continues to be provided, including home visiting by Social Workers, the provision of handicraft classes and social clubs, the latter being organised by local voluntary committees.

The County sponsored blind persons in training centres, workshops and as home workers. Grants were paid to the National Library for the Blind for Braille and Moon books and 146 people were supplied with the talking book service.

Provision is being made for suitable blind persons to be taught the long cane technique and this is referred to further in the section headed "occupational therapy".

Close co-operation continues to exist between the Council and the Surrey Voluntary Association for the Blind, who make grants for holidays and other purposes not covered by the Council's schemes.

Welfare of the Deaf

The main assistance given by the Council to the deaf, with or without speech, consists of the visiting service provided by social workers who are specially trained and able to communicate with those who have personal problems or require advice on services available, or who need the help of an interpreter at hospitals, Courts, etc. During the year a Social Worker has been attending special "signing classes" to enable her to undertake work with deaf clients and another member of staff has commenced a nine months full time course in deaf welfare.

The Middlesex and Surrey League for the Hard of Hearing act as the Council's agents for people who have hearing difficulties.

Other Handicapped Persons

The demands for services to the handicapped continue to grow not only by social workers helping clients with personal and domestic problems arising out of illness or handicap, but also by the many other specialised ways of helping a person with a disability or handicap. There is an extensive service for the supply of aids and equipment and the number of requests in 1970 was 1,854. Adaptations to homes, sponsoring handicapped people in training centres, rehabilitation units, sheltered workshops, the supply of car badges for disabled drivers to ease their parking problems, are but a few of the other services offered.

A total of 1,429 disabled people attended 39 clubs or classes, transport being provided either by 9 special ambulances supplied by the Council, or by contractors, voluntary drivers and patients' relatives. A Speech Therapy Service for handicapped people confined to their homes is also available, though somewhat limited due to staff shortages and the Voluntary Association for Surrey Disabled continues to organise, on behalf of the Council, handicraft classes, holidays and transport

Statistics

The number of persons on the register of the handicapped as at 30th December, 1970, is shown in table 23.

OCCUPATIONAL THERAPY

Mr. R. C. Birchall, Head Occupational Therapist reports:—

"Occupational Therapy for persons with chest conditions, the handicapped, and elderly continues to be provided on an increasing scale under arrangements co-ordinated at the County Occupational Therapy Unit at 'Rentwood', Fetcham where there is a Head Occupational Therapist and Deputy with 10 Occupational Therapists, 2 Rehabilitation Officers, 17 Technical Instructors and supporting stores, clerical, and ancillary staff. Students from Occupational Therapy Training Colleges have attended for their period of practice. During the year two Rehabilitation Officers were appointed for work with Blind and Physically Handicapped. Each will attend a six months course at the National Mobility Centre, Birmingham for training in Long Cane Technique.

In addition to domiciliary visiting, the Occupational Therapy staff attend classes for the handicapped and Day centres and Clubs for the Elderly organised respectively by the Voluntary Association for Surrey Disabled and Surrey Association for the Elderly. Twelve classes for the elderly were launched during the year by occupational therapists and of these nine are now self supporting and run entirely by voluntary workers who have been trained by the occupational therapy staff as part of the scheme for the elderly.

The numbers and categories of persons receiving occupational therapy on 31st December, 1970, were:

CATEGORY	DOMICILIARY	CLASSES	POSTAL	WORK CENTRE	TOTAL
Chest	46	16	3	6	71
Disabled	330	291	35	58	714
Elderly	15	197	—	—	212
Total	391	504	38	64	997

In addition 4,525 persons were visited by the occupational therapy staff for the purpose of making professional assessments prior to the supply of aids and equipment, also for instructional purposes on the acceptability and use.

The Work Centre at Rentwood is fully operative, providing facilities for persons to engage in remunerative occupations such as printing, light industrial procedures, woodwork and metalwork etc.

An occupational therapy class and art class operate weekly and there is a permanent display of aids and equipment with facilities for practical assessments. There is always a wide range of completed articles for sale, this aspect incorporating a scheme for making advance payments to patients for their completed work. Patients both in their homes and at Rentwood have been engaged in producing aids and equipment as part of their remunerative occupation programme. During the year the Mobile Shop has attended Agricultural and Horticultural Shows with satisfying results.

All aids and equipment needed by handicapped and elderly persons are authorised and distributed through the Occupational Therapy Unit. Recommendations for the supply of aids generally originates from all classes of field workers to whom the advice of the occupational therapists is always available in the more difficult cases. The number of aids supplied is still increasing and recommendations authorised during the year was 7,349 as compared with 5,891 in 1969. In many cases to meet particular needs aids are specially constructed in the workshops at Rentwood. There is a growing awareness of hospital staffs to this particular community service and a marked increase in liaison between the two services."

CHAPTER EIGHT – HOME HELP SERVICE

Mention was made in my Annual Report for 1969 of a report submitted to the Health & Welfare Committee early in that year, in which every aspect of the Home Help Service was reviewed. The main points brought out in the Report were that:—

1. The development of the service was not proceeding at a high enough rate to meet demands.
2. The position in Surrey compared unfavourably with other authorities.
3. The inadequacy of the service was a serious matter in view of
 - (a) the increasing proportion of elderly in the population (estimated at 20% increase in the next 10 years).
 - (b) developments in the domiciliary care of the mentally disordered.
 - (c) proposals to develop the new district hospitals and to produce a quicker turnover of cases.
 - (d) the considerable extension of the family social work services, thereby bringing to light fresh needs for home care.
4. There was difficulty in recruiting home helps in the face of severe competition for domestic labour in residential areas and from attractive light industry.
5. The organising staff were numerically weak and excessively involved in clerical duties.

The Committee's recommendations were, in fact, put into effect during 1969, and further progress was made in 1970. An analysis of the services provided to the various types of cases in the county as a whole can be found in Table 24.

ESTABLISHMENT

The establishment of equivalent full-time home helps was increased from 276 to 305 in October, 1970, and the average number employed weekly throughout the year was 285.5 (273.7), indicating a continuing upward trend in recruitment. The equivalent of 36.9 (35.6) full time helps per week were employed under the Neighbourly Help Scheme. (1969 figures are shown in brackets.)

Three additional Assistant Home Help Organisers have been appointed, together with the equivalent of 1½ clerks. In addition to the home help offices at the four Divisional Health and Welfare offices and offices of the Delegated Districts, local centres have been started at Camberley, Dorking, Caterham, Ash and Leatherhead. Details of staff training can be found in the chapter on training in this report.

BENEFITS OF REORGANISATION

It is too early to form an appreciation of the full effect of the staff reorganisation last year. However, the Home Help Organisers are unanimous in saying that the increase in Area Officers has enabled them to gain much closer working relations with the Home Help staff and in a number of areas recruitment of new staff has been improved.

Enquiries from members of the public at new local offices have been considerable and the longer term aim of local development of services is progressing satisfactorily.

The Organisers have now a reasonable amount of clerical support and they are able to spend more time on the district so that more attention can be given, not only to the supervision of Home Helps attending cases, but to developing staff relations and recruitment. There is no doubt that some of our best recruits come to us through the recommendation of existing Home Helps.

It has now been possible for the first time to instruct Home Help Organisers to develop a firm training commitment of at least two training courses per year in each Division.

WHITELEY VILLAGE HOME, WALTON-ON-THAMES

During the year domestic assistance was provided to 65 elderly persons in the homes at Whiteley Village who could not afford to pay the full cost of the service. In all 4,454 hours service were so provided as against 4,167 for 1969.

NIGHT ATTENDANCE AND OTHER SCHEMES

The Council are prepared to reimburse appropriate voluntary organisations with loss of fees and bus fares in running their Night Attendance Schemes. 3 applications were received in 1970.

There is also a scheme whereby grants of up to £1 per day may be made to a recognised voluntary body, which, subject to my prior approval, arranges for bedridden patients for whom no other care is available to be maintained in nursing homes or old people's homes for a maximum period of three months. No applications were received during the year.

CHAPTER NINE – TRAINING

Throughout the year training and staff development have remained an integral part of all our services. As will be apparent in the reports from the different sections it is seen not only as a professional responsibility but as an essential element in services which must continually adapt and develop to meet changing community needs.

Details of the training of all kinds undertaken by the staff of the Department are as follows:

ADMINISTRATIVE STAFF

In general, courses for administrative staff are arranged by the Establishment Officer and many in administrative and clerical grades have studied for local government examinations. In addition, senior staff have attended a number of external courses on such subjects as:—

- Public Health Administration
- Management Studies
- Group Dynamics and Administration
- The Thamesmead Project (Health Centres)
- Preventative Techniques for the Modern Community
- Home Dialysis

AMBULANCE SERVICE

As one of the 9 Regional Training Schools in the country, regular training courses were held throughout the year for Surrey Ambulance personnel and for those from a number of other Authorities.

Six Ambulance Proficiency Regional Courses of six weeks duration each and two Refresher Courses each of two weeks duration were held during the year and were attended by a total of 55 Surrey Ambulance staff and 69 staff from other Authorities. Two one-week courses were held for officers and sub-officers and three special one-day courses were arranged for 58 personnel as an introduction to Entonox Analgesic on which field trials are being carried out to assess its suitability for use as part of ambulance equipment.

Three officers also attended the Department of Health Instructors Course held at Cheshire and qualified as Ambulance Instructors.

Instruction to Other Organisations

In addition to the normal ambulance training carried out at the Surrey School training staff and other officers of the service gave talks and instructions to other organisations, including the following:—

Short Courses on First Aid at Merrist Wood Farm Institute and Brooklands County Technical College; 222 students.

Sessions on Resuscitation, etc. to St. John Ambulance Society and British Red Cross Society and District Nurses; 48 students.

222 people from various voluntary organisations visited the Training School and Ambulance Control Centre.

16 invitations for officers of the service to give talks and take part in discussions at various places were accepted.

A number of young people visited the Headquarters in connection with “project work” and were given details of the work of the service to help with their efforts.

CHILD GUIDANCE CLINICS

Members of the clinic teams, including psychiatrists, educational psychologists and social workers, attended nine study courses or conferences during the year covering the following subjects:—

- Maladjusted and Handicapped Children
- Group Work
- Cerebral Palsied Children
- Hearing and Mental Assessment of the Deaf Child
- 10 officers also attended the Annual Child Guidance Conference.

HEALTH EDUCATION

The Health Education staff attended study conferences and courses on the Health Educator's Skills, Health Education Communications, Home Safety, Audio Visual Aids, Counselling in Schools and, by invitation, a special working conference on Health Education in Schools organised by the Department of Education and Science. Attendance was also made at lectures on professional subjects in London and the Home Counties throughout the year.

In turn a large component of the work of the health education officers included the training of staff in the Education, Health and Welfare Departments. An extended course on Health Education was provided for health visitors and district nurses/midwives, while substantial contributions were made to courses for district nurse students, student midwives, ambulance personnel, home helps, social workers, teachers, etc. Instruction courses in the use of Ciné-projectors and projected aids were provided for a large number of staff throughout the year.

Arrangements were made for medical, nursing and social work staff to take part in the post graduate training of newly qualified general medical practitioners under Section 48 of the National Health Service Act, 1946.

HOME HELP SERVICE

A series of training courses were held in all the divisions and districts under the guidance of the Social Work Training Officer. Good progress was made in this important activity and a total of 93 formal certificates were issued to home helps who achieved a satisfactory standard in the various courses.

MEDICAL AND DENTAL OFFICERS

Medical Officers and Dental Officers in the County attended a total of 35 courses and professional conferences on a wide range of subjects, including Orthodontic Diagnosis and Treatment, Developmental Paediatrics, Mentally Subnormal Children, Health Congress, Congress of Preventative and Social Medicine, International Health Conference, Advances in Epidemiology, Problems of Alcoholism, Geriatric Services, British Epilepsy Association, Sex Education of School Children, Prevention of Cancer, Drug Dependency.

MENTAL HEALTH SERVICES

Professional Training

This year we have continued to second staff of several disciplines for professional training. Those who returned to the section on the successful completion of their training were three Mental Health Social Workers, who had gained their Certificate in Social Work, one Assistant Teacher and two trainee Assistant Teachers with the Certificate for Teachers of the Mentally Handicapped. The Council sponsored one of the successful trainees for a further year's continuation course leading to the Certificate in Education.

Trainee Schemes

In-service Training Courses under the direction of the Organiser of Special Training Schools were provided in the schools for Trainee Assistant Housemothers at the Hostels for Subnormal Children at Sendhurst Grange.

Students

During the year many students and in-service groups were welcomed for visits of observation, both at Special Training Schools and Technical Training Centres. As part of their practical training a number of social work students were also attached to Divisional Mental Health Social Work Teams.

Social Workers

Details of special courses for Mental Health Social Workers are given in the Social Work Section of this Chapter.

NURSING SERVICES

Professional Training

Health Visitors

In this section the policy of sponsorship of candidates for Health Visitor training has continued. We have close links with the course at Ewell Technical College and 23 of 31 candidates who were sponsored this year attended this course. Of the remaining eight, seven went to the University of Surrey and one to Croydon Technical College.

District Nurses

As in previous years our District Nurse Training Course was attended by candidates from neighbouring Authorities as well as those sponsored by Surrey. Courses of 3 or 4 months duration depending upon the individual student's qualifications and previous experience were organised during the year by the District Nurse Tutor. The courses were based on Ewell Technical College and of a total of 26 nurses who qualified, 18 were from Surrey and 8 from other Authorities. In addition, 4 State Enrolled Nurses from Surrey attended the training course.

Fieldwork Supervision

The County Council sponsored 7 Health Visitors on the course for Fieldwork Instructors and 10 District Nurses on a course for preparation for Practical Instructors.

In-Service Programme

An extensive programme was arranged during the year of study days and courses including:—

Statutory Refresher Courses for Practising Midwives

In-Service Training for Nursing Auxiliaries

Re-orientation Courses for Health Visitors returning to the profession after a break in service.

Nurses working in Group Practice Schemes attended a course arranged by the Queen's Institute of District Nursing.

The work of Family Planning and Well Woman Clinics

In May the annual fortnight Refresher Course was held at Glyn House, Ewell, for Health Visitors and Nurses. Social Workers were invited to certain sessions.

Health Education Courses.

New Drugs used in Midwifery

All members of the Nursing, Health Visiting and Midwifery Staff had an opportunity of attending meetings arranged with members of the Department to discuss the report on the Management Structure of the Local Authority Nursing Services. Members of staff from adjacent Authorities were invited to these meetings.

Management Studies

Some senior members of staff were sent to approved courses on Management Training.

OCCUPATIONAL THERAPY SERVICE

Three members of staff attended courses as follows:—

Office Management

"Head Injuries"

Long Cane Technique (see part two of chapter 7.)

RESIDENTIAL SERVICES

Homes for the Elderly

This year saw the start of a new scheme to provide in-service study courses for Attendant staff in Homes for the Elderly. Two courses were held weekly, each for a group of five Homes, and covering a period of two months. They were tutored by the Social Work Training Officer and speakers at the various sessions included a Matron, Medical Officer, District Nurse, Social Worker and a Homes Officer. In the final session the Matrons of the Homes taking part joined a general discussion of points raised in the course. A third course which was planned had to be postponed as a result of acute staff shortage. It is hoped, however, to continue to hold these courses to a regular programme in future.

Students

Matrons have continued to welcome students from many professional courses to visit and discuss the work in the residential Homes for the Elderly and several students have spent a period working in a Home as part of their professional training.

Temporary Accommodation

An introductory course was held fortnightly over a period of three months for the newly appointed wardens of the units for homeless families.

SOCIAL WORK SECTION

Professional Training

The policy to second staff for professional training has continued and in the autumn 7 trainees and staff members commenced full-time courses at Universities and Technical Colleges. In addition, 1 Social Worker went on to the newly established post-professional course in Deaf Welfare. 6 staff returned to the Department after successfully obtaining the Certificate in Social Work.

Social Work Trainees

Regular in-service training sessions have continued during the year for trainees both from Mental Health and general Social Work Sections. In September a third inter-departmental trainee course started to be held over two academic terms for both these groups and for trainees from the Child Care Service. It was focused particularly on the generic aspects of Social Work in preparation for the joining of all three services into the new Social Services Department with effect from January 1st, 1971.

Students

Following the formation of the new Social Work Teams in 1969, we have been able to increase the number of placements offered to students from professional courses. Over the year 20 students were placed in the Department for periods of from 1–6 months for fieldwork practice or for observation.

In-Service Programme

As in previous years a number of staff development courses and projects were arranged. The subjects included:—

1. A series of 12 lectures on Clinical Psychology given by Dr. Lucas at Brookwood Hospital, Woking, and attended by Social Workers from the Mental Health and General Social Work Sections
2. Five sessions on Management Studies as a follow-up to a series held in 1969 for Senior Social Workers, Medical and Nursing Officers.
3. Two parallel courses each attended by 25 Social Workers on the Use of Statutory and Voluntary Resources and the Use of Money in Casework.
4. Four Senior Social Workers joined a group of Probation Officers to study the use of the Heimler Scale of Social Functioning.
5. Two training groups for newly appointed Welfare Assistants
6. A discussion group for staff returning to the Department from professional courses.
7. Induction sessions were arranged for all newly appointed Social Workers planned individually to link their previous knowledge and experience with the demands of the caseload they would be carrying in the department.
8. Regular case discussion groups were held in all the Divisional Social Work Offices.

External Courses

During the year individual staff members attended a number of courses and conferences including:—

1. Casework Practice
2. Group Dynamics
3. Refresher Course in Blind Welfare
4. Student Supervision
5. Management Studies
6. Communication with the Deaf
7. Home Dialysis

SPEECH THERAPY SERVICE

Several members of the Speech Therapy Service attended Specialist Training Courses and Conferences in various parts of the Country. A two day Refresher Course for County and other invited Speech Therapists from neighbouring Authorities and the Hospital Service took place at Glyn House, Ewell, in April and is referred to in the chapter on the School Health Service.

CHAPTER TEN – AMBULANCE SERVICES

ORGANISATION AND ADMINISTRATION

There were no major changes in the organisation and administration of the service during the year.

CONTROL

The new Headquarters Control, which was reported on in detail in my last report continues to provide an efficient and flexible control system.

The feasibility study conducted on behalf of the County Council by the Local Government Operational Research Unit into the possible use of computers is nearing completion and it is hoped the full report will be available early in the New Year.

OPERATIONAL STRENGTH

Vehicles

	Operational	Reserve
Ambulance	61*	13
Sitting Case vehicle	36**	9
Control & Equipment Vehicle	4	—
Handicapped Person vehicle (Welfare & Mental Health)	9	1
	<u>110*</u>	<u>23</u>

** Operated under establishment due to the increased use of H.C.S.

* Does not include the two Ambulances referred to below

Authority was given for two additional Ambulances to deal with the increase in work associated with Geriatric Day Centres, it was not, however, possible to operate these vehicles during the year due to delay in the delivery of the vehicles. This has caused considerable overall difficulties in the provision of transport particularly to Geriatric Day Centres.

Staff

There has been no marked improvement in the staffing position during the year. The service operated approximately 10% below establishment and because of this a considerable amount of overtime working was necessary to maintain a satisfactory service.

The introduction of proficiency payments recommended by the National Joint Industrial Council (H.M. 192A) and the special payment to personnel in the Ex-Metropolitan Area is expected to improve the position in the long term but, to date, the effect has been disappointing.

Premises

Walton on Thames Sub-Station

The replacement ambulance station for Weybridge was completed and became operational during the year. The new station, which provides improved facilities will also improve the operational cover for the area.

Knaphill Sub-Station

Work commenced on this station which will replace the existing station at Woking. It is expected the work will be completed early next year (1971)

Existing Stations

Northern Division		Southern Division	
Banstead Area	Chertsey Area	Guildford Area	Redhill Area
Banstead Main	Chertsey Main	Guildford Main	Redhill Main
Epsom Sub	Ashford Sub	Farnham Sub	Horley Sub
Esher Sub	Camberley Sub	Cranleigh Sub	Gatwick Sub
Leatherhead Sub	Egham Sub	Haslemere Sub	Godstone Sub
Walton Sub	Woking Sub	Godalming Sub (B.R.C.S.)	Warlingham Sub

VOLUNTARY ORGANISATION

Hospital Car Service

The work undertaken by the Hospital Car Service continues to expand. During the year they conveyed 188,197 patients 1,844,420 miles, an increase of 10.8%. The expansion in the use of this excellent service is a major factor in containing the number of sitting case vehicles operated. It is worthwhile to note that since the policy of expanding the service was introduced in 1965/66, no additional operational sitting case vehicle has been required. The Hospital Car Service is organised, administered and operated by the Ambulance Service from the Headquarters Control. There are approximately 250 volunteers who give their services free, the County Council reimbursing them at the nationally agreed mileage rate to cover costs. At a time when there is a general decline in voluntary effort, we have been successful in maintaining and expanding the service. This reflects with credit on the officers of the Ambulance Service and on the goodwill and enthusiasm of volunteers who provide this important worthwhile service to the sick. See table 25.

Agency Services (B.R.C.S. Godalming)

The B.R.C.S. at Godalming continues to operate a two-ambulance station (1 x 24 hours, 1 x 8 hours) on an Agency basis. They employ 6 full-time paid staff plus volunteers who provide the night and weekend cover. Operationally, they are controlled as part of the direct service and conveyed 7,431 patients 52,581 miles.

Supplementary Ambulances

The B.R.C.S. and St. J.A.B. continue to provide supplementary ambulances manned by volunteers, usually during the off-peak period. During the year they conveyed 2,148 patients 37,594 miles. The County Council make a flat mileage payment for journeys authorised by the Ambulance Service (Total cost during 1970 amounted to £3,671)

Handicapped Persons and Mental Health Transport

The Ambulance Service operate a number of special vehicles for the Welfare Service and Mental Health. During the year these vehicles conveyed:—

	Patients	Miles
Handicapped persons	24,917	98,538
Mental Health	6,479	12,075

WORK OF THE SERVICE

Emergency

The number of emergency 999 calls increased by 4.9%. I am pleased, however, to be able to report that the average time taken from time of call to arrival at the incident showed a marginal improvement, 5.7 minutes against 5.8 minutes in 1969, despite the ever increasing traffic problems.

The service's Major Accident Plan was operated for 45 Full Emergencies and 13 Ground Incidents at Gatwick Airport, plus 18 other incidents throughout the County. On all occasions the initial action was sufficient to deal with the incident.

It should be noted that a similar number of patients (included in the general figure) must be given the same priority as 999 calls. These are, in the main, requests received from hospitals and doctors for the emergency admission or transfer of patients to specialist hospitals.

General Work

The general work (excluding Welfare transport) increased by 3.2%, the major proportion being walking patients who can be conveyed by car (para. 4(a) refers). There is, however, the continually changing pattern of work, particularly in respect of day centres which places a heavy strain on the resources of the service at particular times. The increase in vehicles authorised, referred to in para. 3(a), and the flexibility of the service's operational and control organisation will be able to meet these changes and continue to provide the County with an Ambulance Service of the highest standard. See table 26.

Special Journeys

The service continues to use rail or air transport whenever possible for patients travelling long distances, during the year 311 patients were transported 33,790 miles by rail and 15 patients 38,146 miles by air.

TRAINING

Details of staff training courses will be found in the chapter on training of this report.

ANNUAL AMBULANCE COMPETITION

The annual competition was held for the first time at the new Headquarters, Banstead, the winning team, who received the Stuart Horner Shield will represent Surrey in next year's Regional Finals.

SAFE DRIVING AWARDS

A total of 297 drivers were entered for the award, 49 were disqualified by accidents and 34 became ineligible due to sickness, change of duties or resignation.

Among the 215 successful drivers, 85 have now completed more than 5 years continuous driving without accident. The details of awards are:—

20 year brooches	2
Bar to 15 year brooches	7
15 year brooches	2
Bar to 10 year medal	18
10 year medal	10
Bar to 5 year medal	32
5 year medal	15
1 – 4 year diplomas	129

CHAPTER ELEVEN – ENVIRONMENTAL HEALTH

MILK AND DAIRIES

The Milk (Special Designation) Regulations, 1963/65

In ten of the County Districts the County Council is the Authority for the implementation of the above Regulations. Generally speaking, in those Boroughs and Urban Districts having a population in excess of 40,000, the local District Council is the statutory authority. The work of licensing, inspection and sampling, required under the Regulations, is shared, in the ten Districts referred to above, with the local Public Health Departments, to the staff of which we are indebted for their continued assistance and co-operation.

There are now no pasteurising establishments in our part of the County.

All the licences issued in respect of Special Designations expire at five yearly intervals. The 31st December, 1970, was the end of one such period. Opportunity is thus afforded for a periodical review of the number of licences in force. It will be seen that the total number has fallen by approximately one quarter. Many of the smaller retail outlets in grocers shops and small village stores have such a restricted turnover that the problems of keeping a perishable commodity, such as milk, in first class condition until it is sold is not worthwhile and many shop keepers have opted not to renew their licences. Some who have applied had not received their licences by the end of the year because necessary improvements had not been completed. It will be noted that the number of retailers selling "Untreated" has also shown a welcome reduction.

Type of Dealers Licence	In Force Dec. 1969	New Licences	Transferred Licences	Relinquished or Not Renewed	New Register Jan. 1971
Farm Bottled or Packed					
Untreated	2	—	—	1	1
Prepacked					
Pasteurised	214	22	17	65	171
Sterilized	102	4	5	41	65
Ultra Heat Treated	81	26	9	20	87
Untreated	68	3	4	34	37
				Total	361

Sampling in respect of Dealer's Licences

The total number of samples taken, to ascertain whether the Regulations were being complied with, was 603, compared with 660 in the previous year.

There were 19 samples where the results were unsatisfactory.

One of these was in respect of inadequate pasteurisation. The establishment concerned was outside the County and supplies are no longer being received from this source.

Of the 11 samples of pasteurised milk which failed the Methylene Blue Test, for keeping quality, 2 were considered to be due to poor systems of stock rotation in retailers premises and 7 were ascribed to delays in storage, handling and delivery, whereby the milk was two or three days old when purchased. No reason was found for the other two pasteurised milk failures.

Seven samples of "Untreated" milk also failed the Methylene Blue test for keeping quality. 3 of these were due to late delivery to shops, one to faulty stock rotation while there was no apparent reason for failure in the remaining three cases. Repeat samples procured in all cases proved satisfactory.

A statement showing the results of sampling for the purposes of the Milk (Special Designation) Regulations for 1970 is given below:—

Class of Milk	No. of Samples	Appropriate Test	No. of Samples		
			Passed	Failed	Void*
Pasteurised	427	Phosphatase	422	1	4
		Methylene Blue	404	11	12
Sterilized	57	Turbidity	56	—	1
Ultra Heat Treated	57	Colony Count	57	—	—
Untreated	62	Methylene Blue	44	7	11

* Samples are void for the Methylene Blue test if the overnight shade temperature exceeds 65°F. Certain samples were void also in 1970 by reason of rail transport delays.

Brucellosis

The routine sampling of milk sold under the special designation “Untreated”, for the purpose of detecting the organism responsible for causing Brucellosis in human beings, was continued as in previous years. It is satisfactory to report that, although more samples were taken during 1970, the incidence of positive results, on culture, was limited to two herds only.

Brucellosis, as a disease in humans, is caused by the organism “Brucella abortus” which causes such havoc amongst dairy herds when abortion “storms” result in many calves being born dead. The organism is excreted with the milk. Heat Treatment, by pasteurisation or some similar process, effectively destroys all harmful bacteria. If the milk is sold as “Untreated” however the organism may still be present and can cause chronic illness in human beings. The symptoms are rather like those of influenza and can therefore be easily missed or neglected, especially in the farming communities, where most of the milk consumed is raw milk. There is, however, no risk of abortion in human beings being caused by drinking infected milk.

A total of 518 samples of “Untreated” milk were taken for the detection of “brucella abortus” by bacteriological examination in the Public Health Laboratories at Guildford, Epsom and Brighton, to the Directors of which we are indebted for their co-operation, assistance and guidance so frequently and willingly given.

These samples were representative of 37 herds from which raw milk is regularly sold to the public, the only treatment being that of cooling after milking. 35 samples out of 465 failed the Milk Ring Test, which is a preliminary screening test. These failures were followed up by more detailed sampling at the farms arising out of which 10 samples, from two herds, were found to contain the specific organism. The other Milk Ring Test failures can be attributed to the after effects of vaccination etc.

The infected animals were identified and removed from the herd. Whilst investigations were proceeding all milk sold to the public was pasteurised, a notice requiring this to be done having been served by the Medical Officer of Health for the District.

Godstone Rural District Council took the logical step of extending the routine sampling of “Untreated” milk to include checks on the raw milk being consumed by the families of dairy farm workers. This is usually “concessionary” milk excluded from the bulk supplies sent for pasteurisation from the several hundred dairy farms in the County. It is known that many people working in and around farms suffer from chronic brucellosis, either as a result of infection from contact with cows or from drinking infected milk. Of the 45 samples taken from these sources 9 Milk Ring Tests were positive. Further testing revealed two herds where there were infected animals. Steps are being taken to remove these from the herds.

An increasing number of dairy farmers are joining the Government Eradication Scheme but progress is very slow. The replacement of infected animals “culled” from herds under test has been gravely hampered by the general shortage of sound milking cows as a result of the recent foot and mouth disease epidemic which wiped out so many long established prize herds.

RURAL WATER SUPPLIES AND SEWERAGE ACT, 1944

Eight schemes, for the extension of existing services, to bring new or improved sewers and water supplies to groups of properties not previously so served, were submitted to the Highways and Bridges Committee by the County Engineer, supported by the observations of the County Medical Officer. In all cases, after suitable investigation, the schemes were approved in principle and grants amounting to 35% of the net costs will eventually be made when the works are completed. These schemes, like most other civil engineering works, are increasingly costly but they bring the permanent benefits of a wholesome water supply and satisfactory foul drainage to those previously denied it.

The schemes are summarised as follows:—

Authority	Scheme	Estimated Cost £
Guildford R.D.C.	Albury Park and Sherbourne – Water supply	10,500
Guildford R.D.C.	East Clandon – Main drainage	46,000
Guildford R.D.C.	Puttenham and Wanborough – Main drainage	143,000
Godstone R.D.C.	Nutfield Marsh – Sewerage Scheme	24,000
Bagshot R.D.C.	Scotts Grove – Sewer extensions	134,000
Woking U.D.C.		
Hambledon R.D.C.	Keffold – Water Supply	18,100
Godstone R.D.C.	Kemsley Road, Tatsfield – Water supply	2,000
Dorking and Horley R.D.	Leith Hill – Water Supply	13,000

Fluoridation of Water Supplies

The County Council approved in principle the fluoridation of water supplies in October, 1965, but little progress was made to its introduction due to the lack of unanimity of Authorities in the supply areas of the water undertakings and their practical difficulties in fluoridating the water supplies to the County only.

The earlier decision to support fluoridation was confirmed at the meeting of the County Council in December, 1969, but the position with regard to the water undertakings remains the same.

FOOD AND DRUGS ACT, 1955

I am indebted to the Chief Officer of Public Control Department, Mr. R. E. Kilsby, for the report on that part of the work of his Department dealing with the above Act and its associated Regulations, Orders, etc.

General

The taking of samples for analysis of a wide range of articles checks the standard and quality of food on retail sale in the County Council's Food and Drugs area, which covers ten of the twenty-three county districts in Surrey for which the estimated population in 1970 was 326,150. The considerable drop in the number of samples taken during the year was the result of the heavy work-load in respect of other functions of the Department. The following table gives details of the 652 samples taken. Last year that figure was 877.

Articles	Number of Samples taken	RESULTS OF ANALYSES	
		Satisfactory	Adulterated or Irregular
Milk, baby food, condensed and evaporated milk, and yoghourt	223	212	11
Beer, wines and spirits, and shandy	18	17	1
Bread and rolls, flour and cereals	10	8	2
Butter, cream, cheese and cheese spread	54	52	2
Chutney, flavourings, seasoning, sauces, soup and vinegar	29	28	1
Confectionery – flour and sugar	41	34	7
Coffee, drinking chocolate, lemon juice and soft drinks	29	26	3
Cornish pasties, croquettes, gravy mix, browning, lambs tongues and stews	17	13	4
Drugs and medicines	18	17	1
Fish, fish paste and prawn cocktail	23	23	—
Fruit and vegetables (fresh and tinned) desiccated coconut, ground almonds and potato crisps	20	18	2
Honey, jam, jelly, lemon curd, marmalade, mincemeat and chocolate spread	25	24	1
Lard, margarine, cooking fat, cooking oil and peanut butter	15	14	1
Meat (cooked and prepared), meat pies and puddings, meat paste and pâté	66	58	8
Pie filling, fruit pies, Christmas pudding, milk pudding, dessert topping and ice cream	24	23	1
Salted peanuts, slimming biscuits, edible fungus and spaghetti rings	5	3	2
Sausages, sausage meat and sausage rolls	27	24	3
Sugar, sweeteners, custard powder and ground ginger	8	7	1
TOTALS:	652	601	51

Of the 651 samples taken 51 were found to be unsatisfactory (7.66%). This percentage compares with 4.33% in 1969 and 2.90% in 1968.

Milk

Of the total of 205 samples of milk taken only 10 were found to be unsatisfactory. Four of these samples did not conform to the presumptive minimum standard of 3% milk fat or 8.5% solids other than milk fat. Two complaints were received concerning bottles of school milk; one containing a piece of blackboard chalk and the other a piece of glass. A retail milk sample contained a small proportion of added water left from the washing of the milking machine, and the remaining sample was found to contain some cement and was passed to the local Public Health Inspector for his action. In all other cases the suppliers or producers were notified or cautioned.

During the year 64 samples of milk were tested for the presence of antibiotics and all were found to be satisfactory in that they were found to contain no antibiotics. It is important that people should not unwittingly be given penicillin and other antibiotics in the milk supply.

Sausages

Three of the fourteen samples taken were found to be irregular in that they failed to conform to the prescribed standard for meat content of 65% for pork and 50% for beef sausages. Two of these irregular samples were from sausages supplied under contract to schools and subsequent sampling has shown that supplies are now up to standard. The third irregular sample was from a retail butcher whose pork sausages were found to contain 60% instead of 65% meat; a subsequent formal sample was found to be well above the minimum meat content prescribed.

Labelling of Food

The Food and Drugs Act and various Regulations require that informative and accurate descriptions are applied to food; that advertisements shall not be misleading and that in certain cases the ingredients shall be specified in descending order. The Inspectors examine a great number of pre-packed articles of food during the course of the year and from time to time descriptions are taken up with manufacturers. Most of these are minor errors or other infringements which can be dealt with by negotiation rather than by prosecution. During the year under review fourteen instances of this kind were dealt with.

Complaints by the Public

Nowadays the most common course of complaint by members of the public concerns the presence in food of some unexpected substance or foreign body. It is, I think, inevitable that accidents will happen and that from time to time strange or even frightening substances will be found in odd samples of the millions of articles of food sold in the County throughout the year. Most of these cases are dealt with by way of caution but occasionally the circumstances of a complaint make prosecution unavoidable. Typical of this during the year under review was the sale of a loaf of bread. The purchaser fed a slice of it to her small child who nearly choked on the piece of string that had been baked in the loaf. The matter was taken up with the bakers who appeared to show less concern than would have been expected and as a result legal proceedings were instituted against them. They were fined £25 with £10. 10s. Od. costs.

Because of public concern arising from evidence published in the United States the sale of soft drinks containing cyclamates was prohibited in this country. Some months later a sample of soft drink taken in a Surrey shop was found to contain cyclamates and investigation showed that the procedure for withdrawing old stock had been unsatisfactory. Proceedings were instituted and the Company were fined £25 with £5. 5s. Od. costs.

In other cases articles of food, the subject of complaint from members of the public, were found to contain various foreign bodies but the evidence did not justify prosecution.

Other Irregular Samples

A number of minor infringements were dealt with and details are given in the table below:—

Sample	Remarks
Lambs tongues in jelly	Informal sample 12.5% deficient in meat. Formal sample reported genuine.
Irish stew	Deficient in meat, and beef used instead of mutton. L.A.J.A.C. and the Food Manufacturers' Federation are together taking legal advice on the labelling of this product.
Indian tonic water	Contained cyclamic acid. Bottlers cautioned.
Margarine	Contained 1.2% excess water. Manufacturers notified.
Austrian smoked cheese	1.25% deficient of stated amount of milk fat. Importers notified.
Boneless chicken	Informal sample 13% deficient in meat. Formal sample taken — no action — old stock.
Lemon curd	Informal sample — no oil of lemon present. Formal sample was genuine.
Chocolate sandwich wafers	Filled with a chocolate substitute.
Glucose fruit Drops, 2 Glucose Fruit Tablets	Contained Glucose syrup which does not entitle the sweets to be described as "Glucose Drops or Tablets". Manufacturers cautioned.
Glucose Tablets	
Double cream	Informal sample 0.2% deficient in milk fat. Formal sample to be obtained.
Glucose Blackcurrant flavoured tablets	Informal sample containing 89 calories/ounce not of the nature of Glucose tablets. Formal sample to be taken.

Mercury in Tinned Fish

There was cause for concern when the United States Food and Drugs Administration called in a million tins of tuna because of toxic levels which they were found to contain. 23% of fish were found to contain more than 0.5 parts per million, the maximum acceptable limit.

After the announcement the Ministry of Agriculture, Fisheries and Food took action to check the mercury content of tinned tuna on the home market. Tests showed mercury levels ranging from 0.1 to 0.7 p.p.m. with a mean between 0.3 and 0.4 p.p.m. The Minister therefore announced that no action would be taken.

Four samples taken by this Department showed methyl mercury content ranging from 0.06 to 0.2 p.p.m. and were given a 'genuine' certificate by the Public Analyst.

REFUSE DISPOSAL

With increased emphasis on the problems caused by environmental pollution which has been highlighted by the campaign for "Conservation Year 1970", there has been a welcome tendency for commercial interests to show an increased awareness of the need for more specific provision to be made to ensure that refuse disposal activities are carried on with the least possible prejudice to local amenities. There is an ever increasing amount of waste material to be disposed of. At the same time there are also large numbers of holes in the ground — disused gravel pits, chalk pits, sand pits, awkward little ravines and acres of boggy, useless ground, all needing reclamation. The problem is to combine both activities to produce a valuable asset — reclaimed land, without upsetting rural peace and charm, and creating nuisances from smell, insects, noise and heavy traffic. Some refuse tips can be operated on isolated sites with relatively little preparation and with little loss of amenity. Other sites, some of which need to be reclaimed because they present hazards to safety or are eyesores, require considerable preparatory works before they can be used for tipping.

Sand, fissured chalk and gravel are all minerals which allow the passage of inorganic chemicals through the substratum. To allow the tipping of all types of refuse in tips excavated from such material might well prejudice public and private water supplies, unless suitable precautions are taken. The scale of these precautions is decided on only after considerable and careful discussions have taken place between the various interested parties, that is, the County and District Local Authorities, the Planning, Highways and Engineering and Public Health Departments, the River and Water Supply Authorities, and the commercial waste removal and disposal concerns. The preparatory work might involve the complete sealing-off of the excavation and the collection and disposal, or treatment, of any percolate or polluted rain water produced as a result of tipping. One such scheme in the County is nearing completion. A considerable area of old chalk workings at Merstham was adapted and prepared for the reception of household refuse from the Croydon area. The whole of the base of the quarry and the sides were sealed by a substantial layer of carefully puddled chalk. An extensive under-drainage system was installed and tipping commenced in 1959. Full control measures were instituted, each day's tipping being covered with soil or other suitable material. Any rainfall percolating through the refuse has been collected in a large underground tank from which it has been pumped into road tankers, taken away, and discharged to approved sewer outlets. There have been a few complaints over the years when control measures have broken down temporarily but, generally speaking, the whole scheme has proved a considerable success, thirty acres will have been reclaimed for agricultural purposes and a scar on the landscape will have been removed.

Two or three other such schemes are under active consideration. It will be obvious, however, that the adoption of these methods necessarily increases the costs of refuse disposal and the town dwellers should not begrudge the extra expense involved, especially when it is realised that their refuse is often disposed of at present in circumstances which prejudice the health and welfare of those who live in the country. Even with all the control and protection possible on the actual refuse tips, little can be done to minimise the nuisance of the huge transit vehicles which take the refuse to the tips, often up steep, narrow winding roads in delightful rural areas. Fortunately, with the huge quantities involved these tips are in operation for only a few years and, with the good restoration techniques being applied nowadays, these schemes can be of lasting benefit to all parties.

Control over the establishment and operation of refuse tips is maintained through the implementation of the Planning Acts and in particular through the Surrey County Council Act, 1931 Section 94. Where any refuse is removed from within a county district and deposited in another district, then it is necessary for a Consent to be issued authorising the establishment of the tip and for setting out the conditions necessary for the regulation of tipping. There were 50 such Consents in force at the beginning of the year. Two tips were completed and restored and three new Consents were granted. Other Consents were extended or modified and the general situation is reasonably satisfactory in that very few complaints were received from members of the public. The tips are regularly visited by officers of both the County and County District Councils. Any matters requiring attention are taken up with the operating companies and are usually promptly dealt with.

One feature requiring special consideration was reported to the Health and Welfare Committee. This was the development of the large capacity "containers" system for the removal of refuse from commercial and industrial premises. These containers may be left in position for considerable lengths of time in all sorts of situations — in factory yards, on building sites, in streets and alleyways. By the time they are removed, for the contents to be disposed of on the tips, no one can be sure as to what they may contain. All our refuse tips are graded into three classes according to the type of waste which can be accepted thereon. Many of the tips are suitable only for the reception of Class 1 material — "clean" fill. (Builders rubble, brick and hard core and excavated material only). It has been noted on many occasions that containers carrying what was purported to be "clean" fill have in fact contained waste materials which should not have been accepted on that particular site. It is only when the contents have been discharged, and the transporting vehicle probably a couple of miles away, that the real nature of the contents are revealed. Special attention is now being devoted to this aspect and it may be necessary to change the method of control.

The County Planning Officer and the County Health Inspector gave evidence, on behalf of the County Council's Association, before the Working Party, on Refuse Disposal, of the then Ministry of Housing and Local Government. The system of control being operated in Surrey, along with similar control measures in other neighbouring Home Counties, was advocated as essential for general application throughout the country. It is satisfactory to note that in the proposals for the reorganisation of Local Government, the intention is to make refuse disposal the responsibility of County Councils and a system similar to that in operation in Surrey is likely to be implemented.

CHAPTER TWELVE – MISCELLANEOUS

CAPITAL DEVELOPMENTS, 1968-1970

During the three years of the combined Health and Welfare Committee a considerable number of capital projects were undertaken and the following statement reported to the County Council in April, 1971, is a record of the building projects started and completed during the life of the Committee. It is a record of which they can be justly proud.

Type of Project	No. of Projects Started	No. of Projects Completed
Health Centres	9	6
Clinics	2	2
*Homes for the elderly	10	9
*Home for the physically handicapped	1	1
*Homes for confused elderly	2	—
*Matrons' houses	2	2
*Technical Training Centres	1	2
† Special Training Schools	3	1
*Hostels for mentally sub-normal adults	2	1
*Day nursery	1	—
*Occupational therapy and work centre for physically handicapped	1	1
Ambulance Stations	4	4
Nurses' houses/flats	23	31
Nurses' houses/flats purchased	8	8
*Temporary accommodation for homeless families — acquisitions agreed	38 houses	24 houses brought into use

* Now the responsibility of the Social Services Committee.
† The responsibility of the Education Committee from 1st April, 1971.

PRIVATE NURSING HOMES

36 nursing homes were registered with the County at the end of 1970, one less than 1969, two homes having withdrawn their registrations and one new one having been registered. A total of 1,041 beds is provided, the largest home having 108 and the smallest three. The majority of beds are registered for geriatric and chronic sick cases. Only two beds in one home are registered under the Abortion Act, 1967. The inspection of homes continue to be a time-consuming but important part of the work of the department. By far the most serious problem facing private nursing homes to day is that of obtaining adequate qualified nursing staff and although the majority of proprietors are most conscientious in this respect a small number need continual close supervision on this matter.

MEDICAL EXAMINATIONS

Staff

The medical supervision of all the Council's staff provided by the Health and Welfare Department covers:—

- (i) The scrutiny of the medical history sheets completed by all successful applicants to officer posts and servants who are outside superannuable age, together with any follow-up or medical examination deemed necessary (including X-ray reports and special tests such as vision and mantoux where required).
- (ii) Medical examination of all servants of superannuable age to determine their fitness for duty and eligibility for inclusion in the superannuation scheme.
- (iii) Medical examination of teachers appointed to Surrey schools and candidates for Colleges of Education.
- (iv) Annual medical examination for ambulance driver/attendants upon their reaching 60 years of age.
- (v) Follow-up for cause and anticipated date of return to duty of personnel who have been absent from duty due to sickness for a long period.

- (vi) Medical examination of staff who are due to retire on pension and who wish to provide an annuity for their wives in the event of their pre-decease; those requiring medical examination under the firemen's pension scheme and those who may not be fit for further duty by reason of permanent ill-health.
- (vii) Medical examination of staff for other local authorities by mutual agreement on a reciprocal basis.
- (viii) Tri-annual re-X-ray examination of staff who work in contact with children.

The total medical reports and medical history sheets relating to staff received in the Department during the year numbered 3,637.

Medical Arrangements for Long-Stay Immigrants

At the beginning of 1965 the Ministry of Health notified the Council of the following steps to be taken to deal with the rather special problems which arise in connection with the health and treatment of long-stay immigrants to this country:—

At ports of arrival long-stay immigrants, both Commonwealth and Alien, who are referred to medical inspectors are given a hand-out printed card in languages which they are likely to understand, the aim of which is to encourage them to get on to the list of a medical practitioner in their place of residence so that (if he thinks it desirable) he can arrange for them to go to a mass radiography unit, a chest clinic or a hospital for X-ray.

Long-stay immigrants who are referred to medical inspectors at the ports are also asked to provide their destination addresses and these are sent to the Medical Officer of Health of the county or county borough concerned, with a request that he attempts to persuade the immigrants to act on the advice they have been given in the hand-out. Copies of the hand-out are also required to be held by Medical Officers of Health and local officers of the Ministry of Social Security, in case they come into contact with immigrants who have not received one or apparently lost it.

These procedures are to help ensure that long-stay immigrants register with general practitioners at an early stage of their life in this country and do not wait until they fall ill. It also helps to make sure that those for whom it is appropriate, have an X-ray at an early stage.

The following table shows the number of advice notes received during the year from ports and airports relating to the arrival of immigrants into the County together with the number of first successful visits paid.

COUNTRY where passport was issued (as stated by Port Health Authority).	Number of advice notes* received during the year from ports and airports relating to arrival of immigrants.	Number of first† successful visits paid to immigrants during the year.
Commonwealth Countries:—		
Caribbean	59 (134)	40 (103)
India	40 (40)	14 (29)
Pakistan	95 (97)	45 (62)
Other Asian	31 (54)	20 (26)
African	47 (48)	29 (23)
Other	146 (104)	88 (71)
Non-Commonwealth Countries:—		
European	396 (398)	273 (315)
Other	62 (89)	37 (56)
Total	876 (964)	546 (685)

* Advice of arrival of immigrant.

† First successful visit means the first time the Council's Health Visitor established contact with the immigrant.

The figures in brackets relate to the year 1969.

PORT HEALTH UNIT GATWICK AIRPORT

The unit is situated at the south end of the Immigration Lounge and consists of a general office, doctor's office, vaccination room, two inspection rooms, consulting room and staff room.

Gatwick is regularly served by planes from airports in Europe, North Africa, North America, Canada, the middle East, Central Africa and South America.

Health Control is carried out under the Aliens Order, 1953, the Commonwealth Immigration Act, 1962, and the Ships and Aircraft Regulations, 1966.

During the period 1st January to 31st December, 1970, there were 46,123 aircraft arrivals and 46,071 departures — an increase of 2,141 and 2,086 respectively over 1969. These flights involved 3,703, 229 passengers in 1970 — an increase of approximately 23 per cent. During this period the unit examined 4,276 Commonwealth immigrants. Of these 25 were classified as likely to require major medical treatment.

451 aliens were examined and of these 73 were classified as requiring medical treatment. 579 smallpox vaccinations were carried out and first aid treatment was given to 547 persons during the year.

The Port Health Staff consists of two Medical Officers with 9 part-time practitioners operating a duty rota, 6 S.R.N.'s, 2 S.E.N.'s, 1 Clerk Receptionist, and 4 part-time S.R.N./Clerk/Receptionists.

REPORT FROM SOUTH EASTERN DIVISION

An obesity clinic was started in Merstham and following its success obesity clinics have since been opened at Banstead and Redhill and another one is proposed for Reigate. The two health visitors who started this venture have written about the work of the obesity clinic at Merstham as follows:—

An Answer to an Overweight Problem

“As two overweight Health Visitors, we knew that we had a problem. This we found was a problem shared by three or four mothers who had started to come into the Clinic once a week to be weighed. They had tried various diets without much success. My colleague and I, asked them if they were interested in having a meeting to discuss the possibilities of forming a Club or Clinic. This suggestion was greeted with enthusiasm and a meeting was arranged for the following week.

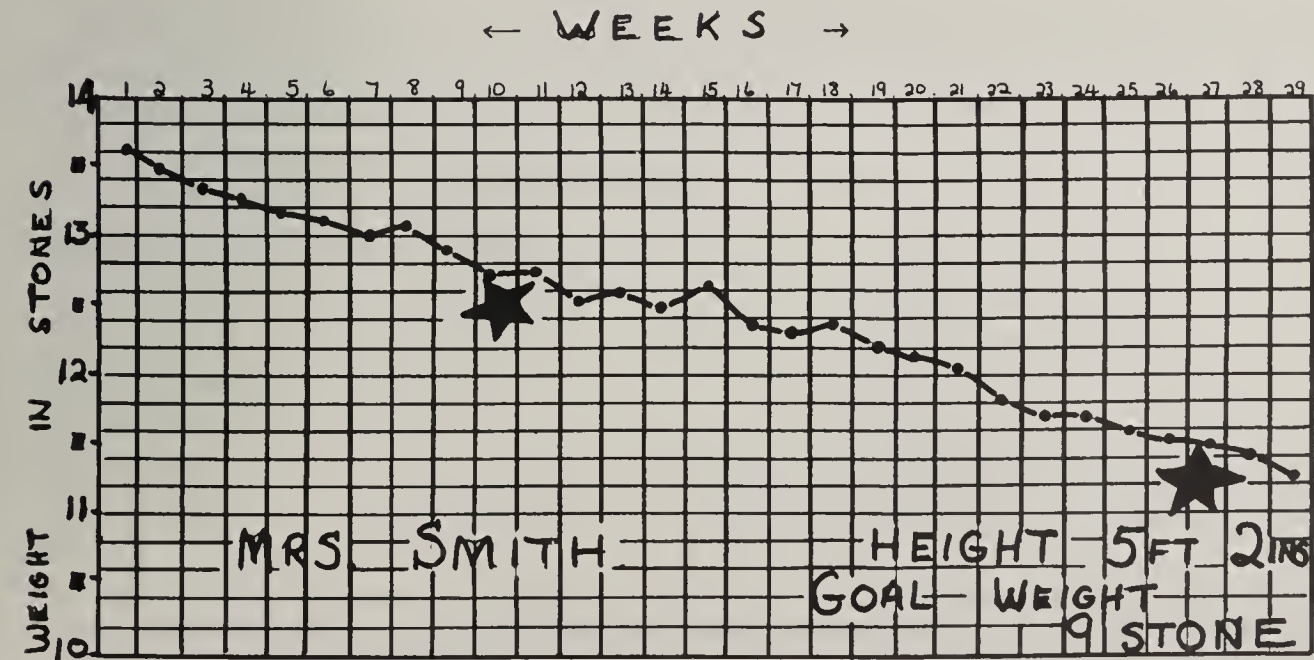
Prior to the meeting both the Divisional Medical Officer and the Divisional Nursing Officer were consulted and permission was granted to start an obesity clinic. The Superintendent Health Visitor was consulted regarding advice on how to run the Clinic. She was most interested and gave us many helpful hints. She also suggested that we contacted the Home Economics Department at a Technical College.

After the first meeting at which ten people were present it was decided that there was a need for such a clinic and the sooner the better, as all were eager to get started. A lecturer on Home Economics was contacted and it was arranged that she would come to the first proper meeting of the “Weight and See Club”, to give her expert advice on the right sort of diet.

We had suggested to our Group that they consulted their general practitioner to get his consent to diet. Some had already done so and were very anxious to get started. We are part of a Group Practice and are luckily all under the same roof. This makes it easier to get appointments for those who belong to our Doctors. It is also easy to consult our general practitioners if we have any worries about a particular patient. Incidentally, our new venture met with full approval from them as they do not like giving their patients any form of drug for weight reducing. It was not long before they started to send along a variety of patients, all ages, shapes and sizes.

The diet decided on for the Club was a “15 carbohydrate unit” one, which has the basic principle of a high protein and a low carbohydrate diet. All things on the chart are listed as to their number of carbohydrate units. A ½ pint of milk is allowed daily and as this is 3—C.U.s the person on this particular diet had only 12 C.U.s for the rest of the day. What is not on the list is allowed to be eaten freely. Thus it is a very easy diet to follow for all ages. A well illustrated talk was given about different types of foods, good and bad for the overweight and it was arranged that there would be a talk and demonstration once a month on different topics of foods and meals.

The club is held once a week. This is most essential to avoid people having a long gap between meetings and being weighed. On the first visit a new member is weighed, measured, and given a goal weight. He or she, is also given their 15 C.U. chart which is explained to them. A graph chart is also made for each individual and this goes on full view to all at each session. As everyone’s chart is on view to all, it is easy to see at a glance who is losing or gaining weight. On each chart is name, height and goal weight. When a stone has been lost a gold star is put on the chart.



To encourage those who have lost a stone a plant is presented to them paid for by the Group from tea money profits. This is presented at the meeting and gives encouragement to go on and lose the next stone. One of our ladies told us that she and her family had a plant planting ceremony and her husband said that he would put up a plaque to commemorate "Mum's lost stone".

We also add the total amount of weight gained and lost in the club each week. In the last five weeks 32½ lbs were gained and 201½ lbs lost. This is with an average attendance of between thirty and forty.

28.10.70	4.11.70	11.11.70	18.11.70	25.11.70
+ 6¾ lbs	+ 1¾ lbs	+ 7½ lbs	+ 8¾ lbs	+ 7½ lbs
- 40¾ lbs	- 38¾ lbs	- 28 lbs	- 40½ lbs	- 53¾ lbs

Above is a sample of five week's losses and gains. This also goes on display each week.

Our group is a very mixed one. The youngest is a schoolboy of fifteen years and the eldest a seventy-eight year old woman.

M. was referred to us after a school medical examination. His weight was 16 stone. After four weeks he had lost four pounds. He was delighted that he had been able to have a new pair of trousers – two inches smaller. I have since spoken to his mother who says she is more than delighted with his progress.

Mrs W. aged 75 years was referred by her general practitioner. She was 13 stone 8 lbs in weight when she first came to the club. Her blood pressure had been high for years and she had been under the care of her Doctor since about 1954 for treatment of this condition when her blood pressure was 240/118. Her weight on 6th January was 11 stone 10 lbs. Her blood pressure was 180/90. She says that she feels a new woman and her husband is highly delighted with the results as it is he who does all the cooking and shopping.

Another member is a mother in her mid-thirties. When she saw a photograph of herself on holiday in Summer 1969 she was distressed and decided it was time that she did something about it. She was 15½ stone and her hips measured 50 ins. Her height is 5ft. 2ins. With the help of her general practitioner (not our Group) she had managed to get down to 13½ stone. When she came to us in July 1970 she was rather depressed and felt that she was getting nowhere as she had stuck at that weight for several weeks. She has now reduced to 10 stone 8 lbs and has received two plants from the club. Her husband bought her a new dress for Christmas size 16. She looked an entirely different person. I have known her for five years and I cannot believe she is the same person, not only has her appearance changed but her personality as well.

Another good example is Mrs P. – 5ft 3ins who weighed 14 stone 11 lbs when her doctor sent her to join the group in July. Determined to get below 13 stone before Christmas she was greatly encouraged by her fellow members. On 23rd December she was 12 stone 11 lbs only ½ lb short of her second stone, however as she is only 5ft 3ins she still has a long way to go.

The club is held every Wednesday morning at 10 a.m. It lasts approximately 1½ hours. The first half hour is taken up with weighing. Whilst this is going on those who have been weighed go into the Hall where they can have a cup of tea – no sugar! They also look at their charts and discuss their success or failures as the case may be. My colleague or myself are always available to answer questions or give advice.

We have discussions, films, filmstrips, tape recordings, talks. In the near future we have lined up a programme which includes a talk by the Gas Council, a demonstration on Fish dishes and a talk on Hair care and styling.

Our doctors are very pleased with the results of the club and have said that if we could start an evening session they could send up many overweight teenagers and school children. This we are starting very soon as there is a great need for this.

The Group now has over 40 members including a husband and wife. It is a very happy group and we all try to help each other.

	Male	Female
No. in 70-80 Group	Nil	5
No. in 60-70 Group	1	2
No. in 50-60 Group	Nil	11
No. in 40-50 Group	Nil	2
No. in 30-40 Group	Nil	11
No. in 20-30 Group	Nil	2
No. in 15-20 Group	1	1

Conclusion

It has become increasingly obvious that there is an increasing need for Local Authority Obesity Clinics. There are clubs and clinics run by organisations all over the county but many of these because of fees and fares are beyond the means of many people particularly the elderly and the young. It is difficult to lose weight on your own as one soon becomes dissatisfied and loses heart. By joining a group they have the moral backing of every other member."

**CHAPTER THIRTEEN – THE SCHOOL HEALTH
SERVICE and Statistical Tables**

SCHOOLS AND SCHOOL POPULATION

The following County Schools are served by the School Health Service in Surrey:—

		No. of Establishments
Primary Education	Nursery Schools	6
	Primary Schools	364
Secondary Education	Bilateral Schools	70
	Grammar Schools	21
	Boarding Schools	1
Special Schools	Day Schools and Units	9
	Residential Schools	8
	Hospital Schools	3
	Hostel	1

At the end of 1970 the number of children on School Rolls was 148,436. (This is the actual number as at January, 1971 and compares with 143,753 children as at January, 1970.)

MEDICAL INSPECTION AND TREATMENT

Routine Medical Inspection

With the exception of the two areas of the County where trials of Selective Medical Inspections were carried out as described in last year's report, routine inspections of school children continued on the same pattern as in previous years, namely at 5, 8 and 11 years and at the year when age 15 is reached.

Tables A, B and C give the results of these inspections which do not call for specific comment as they do not differ significantly from previous years. 15.4 per cent of children examined were found to have defects which required treatment; 6.8 per cent being defects of vision. Only 105 of the 43,951 children examined were considered by the School Medical Officers to be of unsatisfactory physical condition. However the problem of obesity in children is one which continues to cause concern among medical officers and a survey which was carried out in one area of the country is printed in full on page 59.

Selective Medical Inspection

Trials of the selective method of inspection began in January, 1970, in the Esher and Dorking areas, involving a school population of approximately 1,355. All children are inspected at 5 years and 15 years under this scheme while a selective approach is made to children at 8 and 11 years. Only those for whom there is a known medical reason or whom the school or parents request to be examined are seen by the Medical Officer.

The importance of such trials is being confirmed by the experience gained in these areas. Various changes in approach have already been found necessary and evaluation of the system continues.

Special Inspections and Re-examinations

Apart from the routine inspections 5,372 children were examined by special request and 6,126 were re-examined in respect of defects previously found.

Eye Diseases, Defective Vision and Squint

Vision testing is carried out at 5, 8, 11, 13 and 15 years as a routine measure. Children with visual defects are followed up regularly by school Medical Officers as re-examinations, and 1,164 children were also seen as special cases. 7,754 children were referred to eye clinics, see table E (a). As mentioned in the Report for 1969 a self-contained portable vision screener is used to a limited extent in the South Eastern Division where the Divisional Medical Officer reports:—

“Since writing in the Annual Report for 1969 regarding the acceptability and efficiency of the self-contained portable vision screener, further experience this year has confirmed our complete satisfaction with its performance.



VISION TESTING

A Surrey school nurse examines a pupil's vision using the Keystone Vision Screener.

There is an increasing un-met demand for its use by Health Visitors and School Nurses and so far, there has been limited testing outside the 13 year old age group. We consider that a second screener is now necessary. It is appreciated that the cost of another machine may at first sight present an obstacle, but in our opinion, its long-term effectiveness will far outweigh the initial financial outlay involved."

It is evident that while this one area finds the machine an advantage there does not appear to be the same enthusiasm for its adoption in other areas of the County.

Defects of the Nose and Throat

700 children are known to have received treatment for this group of defects which still constitutes one of the largest individual groups dealt with (Table E (b)). The younger group of children predominated as usual.

Defects of the Ears including Hearing

The number of children requiring treatment for otitis media in 1970 was 101, very much the same as in past years. The examination of children's ears remains one of the most important parts of the medical inspection. A total of 260 children were considered to need treatment on account of defective hearing at routine inspection and a further 102 at special inspection. Hearing defects are exceedingly common in younger catarrhal children hence the importance of routine audiometry in schools (see Table G).

Personal Hygiene

The current increase in head infestation throughout the country was reflected in Surrey by a noticeable rise in figures in comparison with the previous year, 694 individual pupils being found to be infested in 1970 compared with 332 in 1969. The previous highest figure during the past 5 years was 489 in 1966. The high incidence during 1970 was the cause of considerably increased activity by health visitors, 43,123 individual examinations of pupils having been carried out, an increase of 12,109 over the previous year.

Investigation of the reason for the increase in infested heads suggests that it is due to two factors. Firstly the current long and unkempt hair styles adopted by both sexes which makes personal hygiene more of a problem and secondly increasing resistance on the part of the head lice in some areas to the insecticides which have been normally used in cleansing. The first can only be dealt with by increased vigilance and education of both children and parents to increase their awareness of the problem. The second can be combatted by making use of alternative products some of which are being tried out in parts of the county.

OBESITY IN SCHOOL CHILDREN

Dr. T. M. C. Lindsay, Deputy Medical Officer of Health, Woking U.D.C., writes:—

Introduction

The first thing a clinical medical student is taught is to observe. The D.P.H. course stresses the importance of evaluation.

Ever since I have worked in Public Health I have been struck by the tremendous number of obese children both in school and at well baby clinics. This small piece of research is an attempt to evaluate an increasing problem of our time and which is largely preventable by correct dietary habits.

The problem of obesity is fraught with difficulties such as definition and diagnosis. There is increasing reference in all news media both medical and lay to this problem, but little has been done to study the incidence in an unselected population. The School Medical Officer is in a fortunate position as he has ample material.

My definition of obesity is an excess of subcutaneous fat which if uncorrected will be a serious danger to the child's health in the future. Heald¹ states 'an abnormal amount of adipose tissue'. This fat tends to be most marked around the waist.

I used Tanner's percentile charts for height and weight for 2 years and I am considering children who tend to be more than 20% overweight for their height, who would be turned down flat as service personnel and those who would in my opinion be unable to get Life Insurance at ordinary rates. That is children whose obesity presents serious practical as well as health hazards, remembering psychological as well as physical conditions.

In order to make the survey as random as possible I kept a note of every school child that I examined at 5, 11-12, or 14-15 year Routine Medical during a period of 12 months in Woking, as to whether they were clinically obese. I discounted any that were doubtful and was particularly strict that they were unselected. Consequently it took time to build up numbers, and I found it required careful checking after each session. In virtually every case I would categorize them as T (viz. requiring treatment) on the 10M (School Medical Record card).

Discussion

During my first year in Woking I felt that the incidence of obesity was around 10% and tended to feel that the incidence increased with age (Dr. MacLachlan's Exeter Study of 1968 illustrated this).

However, this was not shown here and one was also struck by the fact that nearly every child had always been obese so far as could be gathered, confirming the current view that 80% of overweight pre-school children become obese adults.

Unfortunately in few cases had the child or parent ever been told that the child was obese, usually if they had it was 'glands' or 'just a phase you'll grow out of' and I was particularly struck by the constant history of overeating at some stage and often the lack of exercise.

I feel the bulk of obese children if untreated will stay that way and that it is not a changing population of children going through phases of obesity as is sometimes thought. However, this latter group probably account for less severe cases.

School	Age of Child						Totals by School	Incidence by School	
	5		11 – 12		14 – 15				
	Cases	Children	Cases	Children	Cases	Children	Cases	Children	
A			17	105	23	175	40	280	14.3%
B			5	66	14	126	19	192	9.9%
C			4	23	1	12	5	35	14.3%
							64	507	12.6%
D	7	62					7	62	11.3%
E	20	123					20	123	16.2%
							27	185	14.6%
Totals by age	27 – 185		26 – 194		38 – 313		91 – 692		
Incidence of obesity	14.6%		13.2%		12.1%		13.15% (Overall incidence)		

- School A. 1,000 + children in Modern Secondary School on G.L.C. Estate but wide catchment area.
- School B. 643 children in old established Secondary School with high academic standard and large middle class entry.
- School C. 300 children in old Secondary School in poor part of town with 10% immigrants.
- School D. 430 children in Junior Infants school adjoining C.
- School E. 555 children in Junior Infants school adjoining B.

The figures show an incidence of between 12.1% – 14.6% in each age group.

In fact the figures were collected over 43 sessions and in only 2 sessions where more than 10 children were seen were *no* cases of obesity noted, viz. in only 2 sessions out of 40.

If Schools are looked at individually irrespective of age, the incidence of obesity falls between 9.9% and 16.2%; the total for infants being 14.6% and all Secondary School Children being 12.6%.

This is remarkably consistent considering the difference in the type of schools.

The figure of 9.9% is from a Secondary School with a higher number of Social Class I and II children than the other schools in the area where there is, I believe, a lower incidence, due to better eating habits and more appreciation of Health Education. It would be of interest to know if the incidence is lower in Grammar Schools; one certainly notes a lot of obese applicants for entry to Teacher Training Colleges.

Some of the earlier details of sex incidence are unfortunately missing but there would appear to be no sex variation in incidence except that girls are in excess of boys at 14 years.

Conclusions

By careful clinical assessment of all Routine Medicals carried out by 1 observer over 12 months, I have endeavoured to illustrate the high incidence of obesity in 2 Junior and Infant and 3 Secondary Schools.

The incidence at the age of 5, 11, and 14 is remarkably consistent and shows that obesity is occurring at an earlier age than many other observers have found hitherto.

80% of obese entrants are said to become obese adults so that the implications are serious, in fact the ground work should be done in Child Health Centres for 0 – 5 years. However, few of the obese children in the survey or their parents were aware of the situation but it is the function of the School Health Service to spot defects and in a predominantly healthy population I would stress that not only is obesity a serious hazard to health but it is now the commonest defect detected in school children with an overall incidence of 13.15% in this survey.

References

- ¹HEALD, F. P. (1971) Practitioner 206, 223.

USE OF NURSING STAFF IN SCHOOL HEALTH SERVICE

The following tables show the work carried out by Health Visitors and part-time school nurses during 1970 compared with the previous year:—

Health Visitors Fixed Appointments in 1970

(Comparative figures for 1969 in brackets)

Preparation for Medical Inspection	Medical Inspection	General Medical Clinic	Hygiene	Teaching Sessions	TOTAL	Other Visits
663 (834)	1,175 (1,463)	130 (201)	278 (198)	532 (517)	2,778 (3,213)	611 (519)

There has been an increase in the number of visits paid by health visitors to schools other than for medical inspections. The number of sessions in which they have been engaged in health education has increased.

Part-time School Nurses. Sessions worked in 1970

(Comparative figures for 1969 in brackets)

Preparation for Medical Inspection	Medical Inspection	General Medical Clinics	Immunisation	Other	Total
334 (173)	1,599 (1,581)	1,415 (1,457)	581 (1,051)	536 (653)	4,465 (4,915)

SPECIAL FORMS OF TREATMENT

Audiology

Dr. E. Beet, Senior Medical Officer Audiological Service, reports:—

This has been a busy year for our schools for the deaf, Portley House, Caterham, for nursery and junior children up to the age of 12 years, and Nutfield Priory, Redhill, for secondary school age children, some of whom stay until they are 18. An additional classroom with another teacher was provided at Portley House in September to meet the demand for places. In the past few years the number of children attending these schools has risen considerably; at

one time it was thought that fewer children would require education at schools for the deaf as local partially-hearing units would be able to meet the needs of some of them. In the case of Portley House and Nutfield Priory this has not proved to be so and at both schools every year children have been admitted from partially-hearing units where they were not progressing satisfactorily. Although some children with a considerable hearing loss are well placed in partially-hearing units, and indeed in some cases at ordinary schools, others, after a trial at a partially-hearing unit, obviously require education as deaf children at special schools. In such cases it is important that transfer to a school for the deaf takes place as soon as possible. The temptation has to be resisted to keep them at units, perhaps because of parental pressure, for too long.

In September there were 60 children at Portley House, 36 were day children, 20 weekly boarders and 4 boarders. 35 were Surrey children, and 25 came from the neighbouring London Boroughs, Kent and Sussex. At Nutfield Priory there were 81 children, all of whom were weekly boarders, 14 were Surrey children and 67 came from a wide area covered by Wiltshire, Oxfordshire, Berkshire, Essex and Kent. It is very important that deaf children should mix fully and freely with hearing children. Portley House and Nutfield Priory were started as schools for deaf children at a time when it was considered correct to educate deaf children in isolation, whereas now it is appreciated that schools for deaf children should be closely associated with the community so that deaf and hearing children can mix in activities outside the classroom. As this is not possible at Portley House and Nutfield Priory it becomes essential that children should go home for weekends regularly. To permit this Surrey weekly boarders at Portley House are taken home by taxi on Friday afternoons and brought back to school on Monday mornings. This is an excellent arrangement and every effort should be made to see that it continues, although it is difficult to find car hire firms who are prepared to accept this type of contract. At Nutfield Priory all children are currently weekly boarders and go home on Friday afternoons, returning on Sunday. Most of the boys and girls travel by train and some have long journeys which are expensive. Where necessary local authorities support the parents by paying the fares. If a child cannot go home for a weekend he or she can stay at school.

The partially-hearing unit at Woodlands and Broadmere in Woking were fully staffed by three teachers of the deaf in September, but during the Spring and Summer terms there were no full-time specially qualified teachers at the units. Ordinary teachers and the senior peripatetic teacher of the deaf, much to their credit, kept the three classes of partially-hearing children going so that the question of closing the unit did not arise. The unit at Ewell was fully staffed throughout the year.

Attendance at audiology clinics in the County continued to increase. Thanks to doctors, health visitors and teachers referring children to us whenever their suspicions are aroused we are able to ascertain children with hearing impairment at an early age, greatly to their advantage. Early ascertainment has been so successful that the peripatetic teachers of the deaf have found it difficult to cope with their case loads.

Speech Therapy

There are three Senior Speech Therapists with area responsibilities and an establishment of 15 speech therapists covering 42 speech clinics and 11 special schools. The three seniors and five speech therapists are full time and twenty-four are employed part-time and sessionally.

A Refresher Course was held in April, 1970, and this is referred to by the Senior Speech Therapists in their reports for the year:—

“The main event during 1970 in the calender of the Speech Therapists was the Refresher Course held by Surrey County Council at Glyn House, Ewell, on 13th and 14th April, 1970.

All Surrey Speech Therapists were invited including those working in hospitals and special centres situated in Surrey and the course was well attended.

This was the second such course provided by the County for their Speech Therapists, the previous one being held at Ewell in 1968. The subject this time was “Stammering”, and a most stimulating topic it proved to be for all those present. Speakers on both days were at the top of their profession and they provided us with the most recent findings on this most socially embarassing of speech handicaps. No two speakers held entirely the same view, and these differing approaches to the subject gave much food for thought. While it may be invidious to mention one individual speaker, Mrs. Gerda Wilson, accompanied by a severe stammerer who is now fluent speaking gave a memorable lecture on the use of syllabic speech in intensive therapy at the Warneford Hospital.

To the average Speech Therapist working in the field these courses serve a two-fold purpose: (1) they give fresh ideas from first-class speakers on their specialised subjects; and (2) they provide these same working speech therapists with opportunities for exchange of ideas over a period of two days with their fellow workers, which proves greatly stimulating. It is only by this exchange of ideas that we can continue to improve our standard of work and speech therapy being a fairly isolated profession has perhaps less opportunity than others for meeting and discussion.

One of the aims of a speech therapist is to facilitate communication for those whose speech is less able, surely then we must aim to communicate more among ourselves if we are to be able to continue to help others. On a smaller scale the local meetings of County Therapists which are held in all areas at intervals throughout the year help to serve the same purpose.”

The work of the speech therapy service is shown in Table J.

The Surrey Speech Screening Test

Dr. C. J. Radway, Principal Medical Officer, writes:—

“The need for a standardised form of test for the use of medical officers assessing the speech of young children has long been felt. Miss M. B. Norfolk, Senior Speech Therapist, and I therefore started experimenting with such a test some years ago. The test consists of asking the children to name a number of simple objects from boldly drawn coloured pictures, carefully chosen so that the names of the objects depicted elicit all the main consonants used in speech in various positions in the words.



KEY TO SOUNDS TESTED

1. N - F
2. SP - N
3. K - P
4. T - P
5. CH -
6. B - T
7. -MBR - L -
8. D - G
9. THR - B - LS
10. F - SH
11. F - TH - KR - S MS
12. TR -
13. S - LJ -

Test sentence:
Child to repeat -
“Sing a song of sixpence”

SURREY SPEECH SCREENING TEST

Photograph shows the test card in the open position. Actual size is 10" x 16" and it is printed in colour.

The development of the test involved some 1,300 five-year-old children in infant schools distributed geographically throughout the County, and the whole process together with statistical results of the experiment have been described elsewhere.¹ Our thanks are due to the heads of schools who co-operated so willingly in the research. The test was finalised in 1970 (see photograph) and was adopted throughout the County for use in clinics and at school medical inspections in the middle of the year. It is printed and produced by patients at Rentwood, the Occupational Therapy Centre at Fetcham and we are indebted to Mr. R. Birchall, M.B.E., Head Occupational Therapist, for his interest and enthusiasm for this project.

The Medical Officers find the test a useful adjunct to developmental screening of children over the age of three years, the children appear to enjoy taking part, and the parents find it impressive in that it gives tangible evidence of their child's speech development. It also demonstrates clearly for a parent why speech therapy is being recommended for her child, thereby eliciting her co-operation in this important matter. Now that the association of poor development of language with subsequent learning difficulties has been clearly demonstrated it is highly important that defective speech should be diagnosed and treated at an early age.”

Child Guidance Service

The number of children referred to Child Guidance Clinics during the year was 1,227. In the Report last year reference was made to the importance of early diagnosis of emotional problems in children. It is the policy for Child Guidance Clinics to involve themselves closely with families and social agencies in the Community which they serve and not to act purely as an isolated unit to which children are referred when in need of treatment.

The following selection of extracts from annual reports received from medical directors of Child Guidance Clinics gives practical examples of this method of working:—

Dr. Mirza, Farnham:—

“When I joined this clinic in May, 1970, I found a well-established clinic which has close relationships with the other social agencies in the Health Centre and also with the G.P.'s. However as it seemed to me that closer links with the Paediatric Department of the local hospital and the Psychiatric hospital would be of benefit to those attending the clinic, I therefore approached these two hospitals.

¹ Radway C. J. and Norfolk M. B. (1971) — The Surrey Speech Screening Test, Medical Officer, 125, 185.

Following discussion with the Consultant Paediatrician facilities were given for selected children to be seen for assessment in the hospital by myself, thus ensuring early referral to the clinic of children with emotional disturbance. This has proved to be a useful service to parents and children.

The purpose of the closer link with the Psychiatric Hospitals was to obtain diagnostic help and treatment for those parents of children attending the clinic whose mental disorder was adversely affecting the children's health—these cases are few in number but nevertheless for the successful rehabilitation of the children it is necessary for the parents to have psychiatric treatment. We have had the co-operation of the hospital and G.P.'s in these cases.

The shortage of beds in the adolescent units continues to pose problems in the treatment of severely disturbed adolescents. Many hours can be spent in trying to secure a bed in an emergency; recently after many attempts we were able to secure a bed in Kent for one patient.

In addition there is a great need for a day maladjusted unit which would obviate the necessity of using residential places for the disturbed adolescent child.

The Educational Psychologist has been able to maintain an important link with the Infant Observation Unit at Ash for the Clinic, and this has given us a source of referral and valuable information for the clinic cases.

During the year a school counsellor was appointed to Robert Haining County Secondary School and from the outset a close contact has been maintained through the educational psychologist who assists the counsellor in screening and advising on difficult cases. The educational psychologist also attends a monthly Case Committee Meeting in the school where he is able to represent the Clinic. This has led to an increase in the number of children referred from the school."

Dr. Vorster, Staines:—

"The prime problem during 1970 has been that of a growing waiting list and increasing demand for Child Guidance services. We have attempted to overcome this problem by filling a greater consultative role rather than a direct treatment role where possible. The consultative role appears to have been of value and many children are receiving supportive psychotherapy through Child Care, Probation Officers and the School Counsellors. We hope to expand these links in the future and consider that the relatively new post of School Counsellor in many of the schools in this area fills a vital need."

Dr. Barnes, Woking:—

"We hold monthly case discussions with the Woking Health Visitors and I think this is helpful to them — it certainly is to us for they present us with the problems as they actually see them in the home. It is pleasing to note that we are getting more referrals to the clinic from schools — this is the direct result of the excellent work being done by our Educational Psychologists who give such sterling help in the schools."

Dr. Macrae-Gibson, Chipstead:—

"Increasing contact with local schools has continued with further regular termly visits of the Clinic team. In the absence of a full day maladjusted class, teaching has been brought into the Clinic by the use of a home tutor to teach school phobic children in the Clinic. There have been new contacts with local Play Groups while the regular meetings with Educational Welfare Officers and with Health Visitors have continued.

The Social Workers have been conspicuous in the meetings of the Child Guidance Special Interest Group, but, as yet, there has been little development to indicate how the Clinic will co-operate with the new Social Service Department."

Ten Child Guidance Clinics continued to function in the County in the year as shown in the following table. A new clinic was due to open at Chertsey on 1st January, 1971. For details of the work of the clinics see Table K.

Clinic, School or Hostel	Professional and clerical staff employed expressed as a proportion of full-time									
	Psychiatrists		Educational Psychologists		Social Workers		Psycho-therapists		Clerical	
	(1)	(2)	(1)	(2)	(1)	(2)	(1)	(2)	(1)	(2)
(1) Establishment										
(2) Staff in post at 31.12.70										
Farnham	0.6	0.5	1.0	1.0	1.0	1.3	0.4	0.6	1.5	1.5
Godalming	0.4	0.3	1.0	1.0	1.0	1.0	0.4	0.4	1.1	1.0
Guildford	0.8	0.8	*2.0	*2.0	2.0	1.9	1.4	—	2.0	1.0
Chipstead	0.6	0.6	1.0	1.0	1.5	1.6	0.4	—	1.5	1.5
Redhill	0.9	1.0	1.5	1.4	2.0	1.2	0.6	—	1.5	1.5
Epsom	0.5	0.4	1.0	1.0	1.0	1.3	0.4	1.1	1.5	1.5
Leatherhead	0.1	0.2	0.5	0.5	0.5	0.2	0.4	0.1	—	—
Hersham	0.6	0.6	1.0	1.0	1.0	1.2	0.4	0.4	1.5	1.5
Woking	0.6	0.6	2.0	1.5	2.0	0.6	0.5	0.2	1.5	1.7
Staines	0.6	0.6	1.6	1.6	2.0	1.3	0.4	—	2.0	1.9
Chertsey	0.6	0.5	1.0	1.0	1.0	1.0	—	—	1.0	—
The Lindens	0.4	0.4	—	—	—	—	—	—	—	—
Thornchace	0.1	0.1	—	—	0.2	0.2	—	—	—	—
Starhurst	0.1	—	—	0.1	0.4	0.4	—	—	—	—
Wishmore Cross	0.1	0.1	—	—	0.4	0.4	—	—	—	—
Total equivalent full-time	7.0	6.7	13.6	13.1	16.0	13.6	5.3	2.8	15.1	13.1

* This includes the Senior Educational Psychologist.

The School Psychological Service

An essential component of any Child Guidance Clinic is an efficient School Psychological Service and an examination of the present organisation indicated a need for some revision of the present system, namely a remodelling of the role of Educational Psychologists to accord with the objectives outlined in the Summerfield Report, 1968. Mr. J. Walker was appointed to the new post of Senior Educational Psychologist and a number of proposals have subsequently been implemented, relating mainly to the reorganisation of the existing catchment areas, a revision of psychometric equipment, the renewal of the trainee secondment scheme, the organisation of specialist functions for psychologists, a scheme for the educational screening of junior school children, to identify those at an educational risk, together with the preparation of reports, principally one on Dyslexia.

A more detailed report will be presented next year which will examine the effectiveness of the reorganisation of the School Psychological Service, and include the results of the pilot screening survey in the Excepted Districts, also individual reports from the psychologists regarding their specialist roles. Statistics for the service will also be shown in an easily assimilated form.

HANDICAPPED PUPILS

The following table shows the number of children newly ascertained as handicapped during 1970:

Category	Boys	Girls	Total
Blind	1	—	1
Partially sighted	2	3	5
Deaf	1	3	4
Partially hearing	7	6	13
Educationally sub-normal	112	80	192
Epileptic	7	1	8
Maladjusted	54	19	73
Physically handicapped	10	15	25
Delicate	12	8	20
Speech defect	5	1	6
Totals	211	136	347

These figures do not differ significantly from those of recent years except in the case of maladjusted where there does seem to be a trend towards a reduction in numbers, viz.: 1968 — 115, 1969 — 97, and 1970 — 73.

Table L, page 79, shows the total number of children who were ascertained as handicapped pupils as at 31st December, 1970 and the provision made for their education. Table M shows in detail the provision for handicapped children made by the Education Committee. In September, 1970, Leacroft School, Staines, for E.S.N. pupils was opened giving an additional 120 places, and 20 more places were provided for Greystones School, Merstham, in the adjacent Albury Manor County Secondary School. At Portley House School for the Deaf, Caterham, extra accommodation was provided for ten children.

EMPLOYMENT OF CHILDREN

The bye-laws regulating the employment of children provide for an annual medical examination of children in part-time employment.

1,445 children were medically examined during the year as to their fitness to take part-time employment and all but 2 were found to be fit. The examinations are undertaken by School Medical Officers at clinics nearest to the homes of the applicants.

There were 101 licences applied for during the year for pupils to take part in entertainments. All these children were examined by School Medical Officers and found to be fit.

TUBERCULOSIS IN SCHOOLS

During the year 1 school child and 1 teacher were notified as suffering from tuberculosis.

Category	Maintained Schools	Independent Schools	Totals
School children	1	—	1
Teachers	1	—	1
Other staff	—	—	—
Totals	2	—	2

An Epidemiological investigation was carried out at one school and 29 pupils were Mantoux tested. Of these, 6 pupils were found to be Mantoux positive.

It was decided to X-ray all six Mantoux positive cases and all the results were satisfactory. In addition, 26 teachers and 1 other staff were X-rayed only. The results were all satisfactory. No further incidents arose out of the investigations.



IMMUNISATION IN SCHOOL

Medical Officer carrying out tuberculin test on a 13 year old Surrey pupil prior to B.C.G. vaccination.

PROMOTION OF HEALTH

Health Education

The initial responsibility for a child's training in health matters rests with the parent, and home environment is vitally important in the acquisition of desirable attitudes and the promotion of good health habits. As a child grows older, school begins to play an ever increasing part in his health education, but full success will still depend upon co-operation between school and parents. It is in promoting this co-operation that the staff of the School Health Service have best played their role. In addition to their main responsibilities as the principal link between the home, the school, the family doctor and other agencies, health visitors have contributed on an increasing scale to the

teaching of health studies in schools of all categories. Ranging from pre-school play-groups, nursery schools, through primary to secondary and special schools, their work on aspects of personal and community health has helped to enrich and advance health education in schools. Their supportive role is not meant to supplant the work of the teacher, but by bringing their wide practical skills to this work they can give added meaning to the study of human development. Topics included mothercraft, first aid, home safety, how the body works, child care and development, personal relationships, adolescence and old age, nutrition, home making, budgeting, hobbies and careers, environmental health, venereal diseases, drugs, smoking, health and beauty, dental health, infectious diseases, and so on. Care is taken to ensure that there is close co-ordination with the normal curricular studies and in many cases projects have been carried out to add interest and meaning to the work. Several Medical Officers have taken part in school work dealing particularly with the venereal diseases, drugs and smoking.

Students from hospitals and technical colleges have visited health centres and clinics during the year to observe the various types of work being carried out.

Special attention is given to dental health in schools and colleges by a full-time lecturer in dental health education. She visited in all 128 infant, junior, middle, special and hospital schools, providing illustrated talks to 574 groups comprising 23,884 individuals. Every modern teaching aid was available to give added interest to the lessons and a very large amount of appropriate literature was distributed to all pupils. Presentation packs of toothbrushes, toothpaste and beaker were awarded to pupils showing outstanding zeal. The lecturer also ensured that other staff concerned in dental health, namely dental surgeons and assistants and health visitors were provided with sufficient teaching material for their own use.

In addition to providing direct teaching on the principles of good dental health, efforts have been made to offer to schools supplies of apples in order to displace the sale of cariogenic foods and to assist in oral hygiene. Following discussions with Apples for Schools Ltd. a pilot scheme has been commenced in two areas to offer crisp apples for sale throughout the year at a fixed price. The scheme was endorsed by the Chief Education Officer and the Chief Dental Officer. If the scheme proves successful in the pilot areas it could be extended to the whole county to the great benefit of children's dental health.

Supporting the work of health and teaching staff the health education officers have actively visited schools, colleges and youth organisations to advise on teaching methods and media in this subject. Further, by visits to teachers' centres, by taking part in teachers' courses or parent-teacher meetings, by attending courses and conferences organised by the Department of Education and Science and by the provision of a wide range of teaching aids and materials, the health education staff fostered the implementation of health studies in schools.

Of special interest was the development of sex education in primary schools which received added impetus by the broadcasting of special programmes for younger children by the BBC. Health education staff, medical officers and health visitors all assisted in ensuring that the best possible co-operation with teachers and parents preceded the development of this aspect of the curriculum.

It is evident from the following report received from South-Eastern Division that there is plenty of scope for medical officers to take an active interest in Health Education:—

“Drs. Dunnet, Jackson and Wright, three of the medical officers in the South-Eastern Division, have taken particular interest in Health Education during the year.

Dr. Dunnet comments on one particular instance where, at the request of a Headmistress of a Secondary Modern School, she gave a talk to the senior girls on ‘Personal Relationships.’

‘The Headmistress and I discussed the probable content of the talk in advance and we agreed that rather than emphasising the usual aspects of sex education, that is the anatomy and physiology of reproduction — subjects that are becoming so familiar as to be boring, I should point out the essential differences in male and female attitudes towards sex, and that the psychology of sex should be one of the main topics for discussion.

We also agreed that the dangers of permissive behaviour should be underlined, particularly the risk of catching venereal disease.

Incidentally, all parents were informed of the subjects to be discussed and they all consented to their daughters' attendance at the meeting.

Before the talk, the film “Quarter Million Teenagers” was shown. I spoke for about half an hour and the meeting was then thrown open for discussion. Written questions which the girls had prepared during a five-minute break were also produced. The questions emphasised the girls' total ignorance of how V.D. was spread. One written question was “Does intercourse cure V.D.?” There were many similar questions which demonstrated the existence of misinformation as well as lack of knowledge.

As a result of my afternoon at the school, it was clear to me that there is an enormous need for informal discussion with senior pupils on the permissive society, its advantages as well as its disadvantages.’

Dr. Jackson has carried out a considerable amount of health education on the subject of drug addiction, particularly to parent/teacher groups. Although he has spoken to senior schoolchildren on the subject, this section of the community presents certain imponderables and in many circles it is felt that the less prominence this subject is given to young people, the better.

Dr. Jackson has also assisted at several smokers advisory clinics from the medical aspect and during a recent school-leavers examination, questioned girls regarding their smoking habits. 26% alleged that they smoked cigarettes occasionally, 4% said that they were regular smokers, most smoking 5–8 cigarettes daily, although one girl alleged smoking 10–15 cigarettes daily. They were all aware of the dangers of smoking.

Dr. Wright has also been giving talks on smoking to schoolchildren and has constructed an excellent "smoking mannequin" with cotton wool lungs. He is able to demonstrate from the contamination of the wool how nicotine and other breakdown substances are released from smoking cigarettes. His present mannequin is feminine and one wonders if a masculine model might make more impact on schoolgirl smokers!"

Schoolchildren and Drugs

During 1967 all heads of secondary schools were officially alerted to the possibility of drug taking among school children. They were asked to inform Divisional Education Officers of confirmed cases of drug taking in their school, and to bring to the notice of Divisional Medical Officers any suspected cases so that investigations could be made. During the year 1970 the following reports were received from the seven divisions and excepted districts in the County:—

Area A. (1969 — nil). Two instances of drug taking brought to the notice of the Divisional Medical Officer, one in a boy aged 14 years and the other in a girl aged 15. Both children are attending the Child Guidance Clinic.

Area B. (1969 — nil). Two possible cases investigated by the Medical Officer of Health with negative results.

Area C. (1969 — nil). Two possible cases fully investigated by the Medical Officer of Health, in one of which the police were involved. Neither was proven. The M.O.H. comments: "The police, head teachers, the head of the Art School, the Education Officer and others feel that the area is pretty well a clean area. Naturally we are watching the position carefully."

Area D. (1969 — 2 cases). One case was confirmed after investigation by the Medical Officer of Health who comments: "Although it appears there may be some increase in drug taking and experimenting in young adults the interest in drugs among school children has lessened."

Area E. (1969 — nil). One possible case, being dealt with by the police.

Area F. (1969 — one confirmed and two suspected). No cases during 1970.

Area G. (1969 — one case). In this area a small incident involving one school came to light. From the investigations it was possible to give the names of three children, two boys and one girl, who were involved, and a few other children may have been sold pills by these. The drugs involved were LSD and amphetamines, although there was evidence that one boy had also smoked cannabis. The source of the drugs appeared to be a public house where pop music was played on Friday nights.

The ever-present problem in this field is that of obtaining reliable information, and it is doubtless true that a degree of experimentation with drugs which does not come to light is present among schoolchildren. However, the sum total of information obtained during the year as described above does not suggest that there can be any hard core of drug taking in Surrey schools. At the same time the incident reported from Area G, which is classical in style, demonstrates the need for continued vigilance among all concerned. It also demonstrates the need for parents to exert their influence to keep their children out of places which are potential sources of infection from pushers.

The place of health education in the face of the drug problem is still a matter for discussion. There is no doubt that by far the greater majority of schoolchildren have no interest in drugs and have no wish to become involved. On the other hand a small percentage will. Of these a very small number will go further than experimentation at some time in their lives. The problem of combatting this situation without stirring up unhealthy interests among the majority has not yet been solved. The policy of introducing the subject for discussion as a social issue among older children is still the best method of approach. Giving children detailed information about the effects of individual drugs serves no useful purpose and indeed may create undesirable interest. Rather should they be disillusioned about the so-called benefits which are derived from them, and which are given prominence by those seeking an excuse for a more liberal attitude towards drug taking.

In considering this report it must be emphasised that it refers only to children attending school. The danger of misuse of drugs by young people is greatly increased after they leave school and are experimenting with their new found freedom. To many this experimenting demonstrates that drug taking has nothing to offer them and as they mature intellectually and emotionally it is left behind. However for a few others, usually the disturbed or emotionally immature, the experimenting with "pot" or pep pills progresses to a frank and destructive dependence.

It is in particular to these relatively few that we must direct our health education to ensure that a more permissive attitude to the misuse of drugs is not allowed to develop.

REPORT ON PHYSICAL EDUCATION AND SWIMMING FOR 1970/71

Mrs. E. N. Bromfield, General Inspector, writes:—

Great efforts have been made during the past year to maintain the improved standard of work in the schools in various aspects of Physical Education.

Many new ventures have been introduced in addition to the full programme of in-service training courses planned and carried through for teachers in infant, junior and secondary schools.

Surrey Alpine Village Projects

Early in 1971 two Authority parties each of over 100 children visited Austria on the first of the Alpine Projects organised by the education inspectorate and staffed by teachers selected from the various schools involved.

One group visited Ischgl in the Paznaun Valley and the other went to Oberau in the Wildschonau. The challenge of learning to ski which involved 4 hours of physical activity each day was constantly balanced by environmental and language studies.

The success of this venture was apparent when the Log-Books and Project work were assessed. It is hoped to increase the number of parties to four in 1972.

Primary Schools

This year for the first time we were able to use the unique facilities at the Art of Movement Studio where weekly sessions were held for the First and Middle School teachers interested in Creative Dance. Various forms of stimuli were used, Art, Drama, Music and Poetry to widen the scope of this important aspect of the Physical Education programme.

Useful experience was gained when the expertise of the Technical Department from the Guildford Technical College was harnessed to make a Video-Tape of Primary School Gymnastics. A class of children from the St. Martin's C. of E. Primary School, Dorking, showed the basic introduction to educational gymnastics and the handling of equipment. The Video-Tape has proved most useful in our in-service training courses.

The area courses for Infant and Junior School teachers have proved highly successful. Each course, organised by the teacher/advisers, consisted of three one-and-a-half-hour sessions, based on gymnastics and playground skills and it was gratifying to see that so many teachers were willing to devote extra time at the end of a working day to observing, discussing and taking part in these activities.

Secondary Schools

In June, 1970, the first Residential Course for 30 Physical Education teachers from Secondary Schools was held. The daily programme was a physically exacting one covering a wide range of activities suitable for the senior pupils.

The evenings were devoted to talks and discussions on a variety of topics. The teachers agreed that the course had been a worth-while experience and one that should be repeated each year.

During the week of the Surrey Hard Court Championships in May, 1970, a tennis clinic was arranged, in conjunction with the Pit Farm Tennis Club, for 60 promising tennis players from schools in the Guildford area. The afternoon was a great success as the fortunate pupils received high powered coaching from the leading Australian tennis coach, Mr. Vic Edwards, his daughter, Miss Pat Edwards, and the international tennis star, Miss Evonne Goolagong.

Guildford Sports Centre

With the opening of the centre, arrangements have been made for schools within travelling distance to use the swimming facilities and discussions are at the moment taking place between the S.W. Division, the schools and the education inspectorate, on the use of other facilities by senior pupils. Indoor cricket, golf, badminton, squash, table-tennis, weight-lifting, trampolining are some of the activities the Centre has to offer.

Members of the Surrey Physical Education Association and their friends were invited to an illustrated lecture given by Mr. Chris Bonnington, at the Surbiton County Boys' School. The epic account of the climbing of one of the most formidable walls in the world, the Annapurna South Face, was enthusiastically received.

Swimming

Schools are continuing to provide learner swimming pools with the support of the Education Committee, and during the year a further dozen or so pools have been constructed. Those schools with their own pools are thus able to offer each class two or three lessons per week during the season which normally extends from May to half-term in October. However, there are two schools who now swim all the year round in their own pool.

To assist teachers with their knowledge of the teaching of swimming, a series of courses have taken place again this year. The A.S.A. Teacher Certificate Course was held in Reigate during February and March, attended by 44 teachers, and in May there are two half-day courses for guidance in the teaching of beginners.

On the maintenance point of school swimming pools several important steps have been taken.

Authority has been granted for swimming pool plant to be kept running for several hours after swimming has ceased so that filtration and chlorination procedure can be fully effective.

The payment to the caretakers or groundsmen responsible for the maintenance of the pools has been increased from four hours to six hours overtime, to give them adequate time to complete the work.

Furthermore a training course for caretakers and/or groundsmen is to be inaugurated on May 18th, 1971, when practical help can be given on the control and maintenance of school swimming pools. This is to take place at Glyn House, and is a joint venture between the County Health, Supplies and Education departments.

School Swimming Pools

Mr. W. L. Leach, County Health Inspector, comments:—

The number of learner swimming pools provided by Parent Teacher Associations continued to increase and one-third of all County Primary Schools now have such a pool. More are being planned or are under construction. All schemes for new pools, and modifications or extensions of existing projects, are subject to approval by the Chief Education Officer and are submitted to the County Architect and the County Medical Officer for appraisal and comment. After one year's satisfactory operation all maintenance work is taken over by the Education Authority. When these pools are first proposed they are intended to cater only for a limited number of young pupils who need to be taught to swim. Invariably funds are in short supply and these need to be raised by voluntary efforts run by the Parent Teacher Association. The design of the pool and its equipment is thus necessarily limited to the resources available and often only minimum standards can be met. Sometimes certain items such as heating, overall cover, changing accommodation, etc., have to be left for later provision. Although all pools have the basic essentials some have filters, pumps, etc., which are barely adequate and leave little spare capacity. Invariably pools prove to be a great success and soon requests are received for their use by other groups and organisations — cubs, brownies, other schools, parents, etc. Under these circumstances the filtration equipment becomes overloaded, the supply of chemicals may run out and replenishments are not readily available at peak periods, and unskilled personnel may tamper with the treatment plant. These are points which perhaps need a little more consideration in the future. Fortunately when things go wrong with a swimming pool this soon becomes obvious from the condition of the water. Assistance towards solving the problems is readily available. As regards the chemical treatment of the water advice is available from the Supplies Department Laboratory and for mechanical, electrical and structural conditions from the County Architect's Department. For general advice assistance and control from a public health point of view, the County Health Inspector and the local public health inspectors are also readily available.

In recent years the methods used to maintain an adequate standard of chlorination have been the subject of considerable experimentation. The material generally used for this purpose is sodium hypochlorite — a highly corrosive and potentially dangerous fluid which is fed into the circulation system by a drip feed apparatus. A different form of chlorination, using powdered or solid materials (known generally as cyanurates) has been tried at a few schools. Although this material is very handy, stores well and produces excellent results, its disadvantages include dependence on the human element for accurate dosing and its high cost, being several times that of the standard hypochlorite solution. As cost is such an important factor it is likely that liquid hypochlorite will continue to be used for some time in the future.

It has been found possible to “stabilize” the water of outdoor pools against excessive loss of chlorine due to sunlight, etc., by the introduction of a single dose of cyanuric acid at the commencement of the season. The level of cyanuric acid present is carefully monitored by the Supplies Department Laboratory and prompt action taken in the case of excessive build up.

With more emphasis being placed on the necessity to maintain satisfactory break-point conditions of chlorination there have been very few cases where bacteriological samples indicated a need for closer control.

PROVISION OF MEALS AND MILK

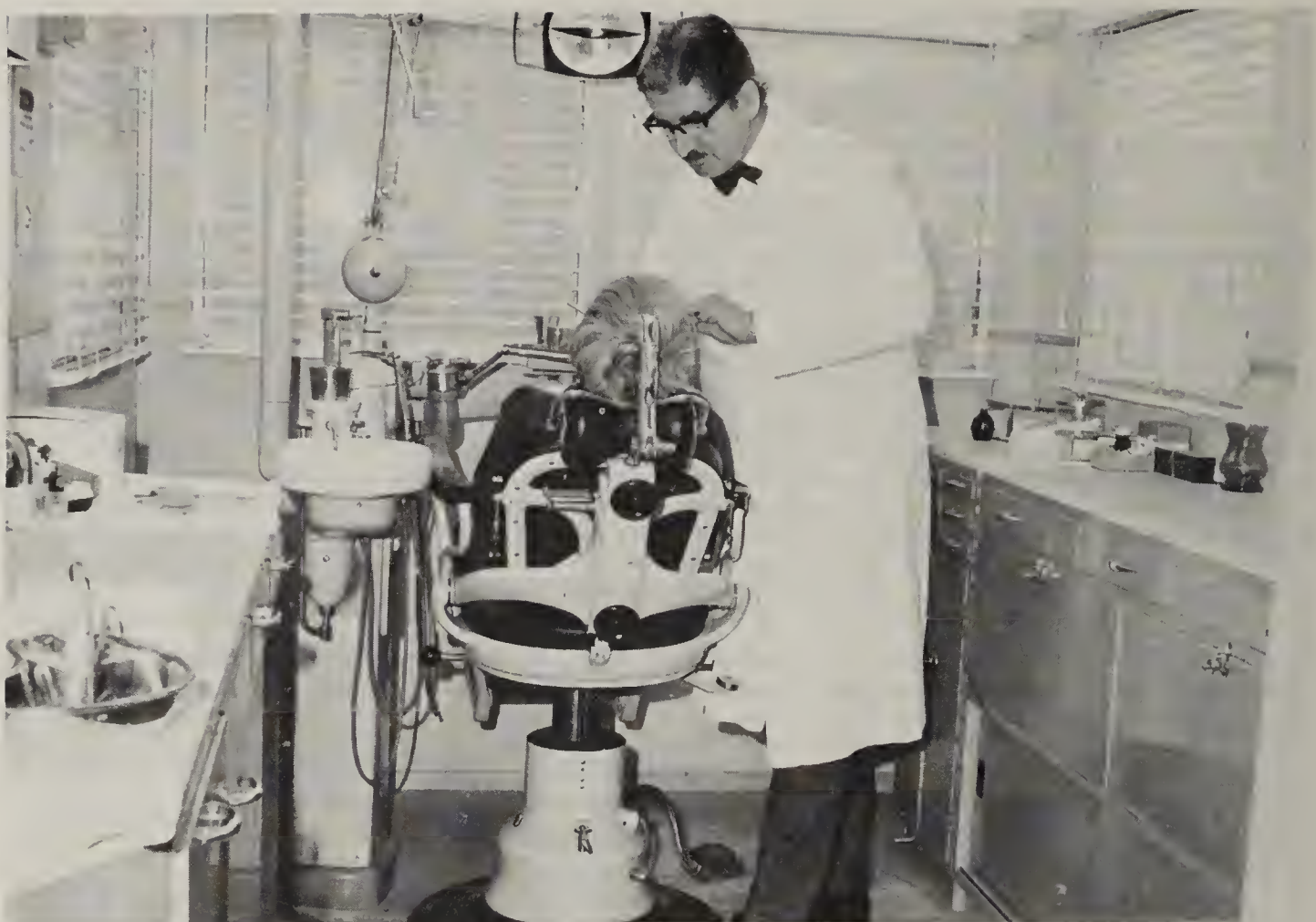
The following table gives statistics (based on the annual October returns) as to the number of pupils taking milk and meals at maintained schools.

Number in Attendance	Number taking milk	Percentage taking milk	Number taking meals	Percentage taking meals	Cost of meal.	Number taking meals at	
						Full cost	Free
138,537 (Primary 83,789)	75,961	90.6	102,774	74.1	9p (12p from April, 1971)	97,814	4,960

SCHOOL DENTAL SERVICE

Report of the Principal School Dental Officer

The staff on 31st December, 1970, consisted of 16 full-time dental officers including 2 orthodontists and 31 part-time officers equivalent to 9.5 full-time officers. This compares with the position at the end of 1969 when the staff consisted of 19 full-time and 23 part-time officers equivalent to 7.7 full-time officers. There were several staff changes during the year and vacancies for three full-time officers were filled by the appointment of additional sessionally employed officers.



DENTAL SERVICES

A dental officer provides treatment for a pupil in a rural Surrey Primary School in the mobile dental unit.

Difficulties were experienced in obtaining the services of full-time dental surgery assistants but the establishment was maintained by the employment of part-time assistants and the arrangement works satisfactorily.

The new mobile dental unit was taken into service in May and visited schools in Bagshot, Frimley and Camberley and a special school in Woking. It provides a valuable service in taking treatment to patients in areas where visits to a fixed clinic are rather difficult and time consuming. Heads of schools were most co-operative in providing suitable sites with access to water and electricity supplies.

Towards the end of the year the dental services were transferred from the existing clinics to the new health centres at Chertsey and St. John's, Woking, respectively where excellent accommodation and facilities have been provided on the first floor of each building.

The London Boroughs of Kingston upon Thames, Merton and Sutton continued to use the facilities of the County Dental Laboratory on a cost-sharing basis. The work of the laboratory in connection with the school dental services included the construction of 2,060 removable orthodontic appliances, 59 fixed orthodontic appliances, 58 partial dentures, 136 crowns and 3,018 reference models.

Orthodontic treatment was carried out by 2 full-time and 4 part-time orthodontists who attend 18 clinics throughout the County on a programme of sessions which is subject to occasional changes as circumstances require. Additionally most dental officers undertake a limited amount of orthodontic treatment either on their own initiative or in consultation with an orthodontist. As a course of treatment for a complex case may last for two years or more it is essential to have the enthusiastic co-operation of both the parent and the patient.

The number of children examined at routine school inspection was 85,826 and 11,912 were first inspected at clinics making a total of 97,738. In addition 9,819 were re-inspected at schools or clinics. Fillings in permanent teeth numbered 31,453 and in deciduous teeth 19,391. The number of permanent teeth extracted was 3,087 and deciduous teeth 8,108. Statistical information is given in table F and details of work undertaken in dental health education are given under Promotion of Health.

STATISTICAL TABLES – AS SUBMITTED TO THE DEPARTMENT OF EDUCATION AND SCIENCE.

Medical inspection of pupils attending maintained Primary and Secondary Schools (including Nursery and Special Schools).

Table A – PERIODIC MEDICAL INSPECTIONS

Age Groups inspected (By year of Birth)	No. of Pupils who have received a full medical examination	PHYSICAL CONDITION OF PUPILS INSPECTED		No. of Pupils found not to warrant a medical examination	Pupils found to require treatment (excluding dental diseases and infestation with vermin)		
		Satisfactory	Unsatisfactory		for defective vision (excluding squint)	for any other condition recorded at Part II	Total individual pupils
		No.	No.		(6)	(7)	(8)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1966 and later	228	228	–	–	7	13	16
1965	6,360	6,355	5	–	231	557	728
1964	5,913	5,896	17	–	263	616	763
1963	804	801	3	–	61	78	125
1962	7,752	7,735	17	379	423	655	1,003
1961	1,279	1,273	6	89	93	120	193
1960	531	529	2	–	42	•66	100
1959	2,723	2,712	11	175	207	332	502
1958	5,639	5,630	9	213	402	582	904
1957	2,410	2,401	9	–	206	262	440
1956	3,453	3,451	2	–	314	284	563
1955 and earlier	6,859	6,835	24	–	737	627	1,275
TOTAL	43,951	43,846	105	856	2,986	4,192	6,612

Column (3) total as a percentage of Column (2) total 99.76%

Column (4) total as a percentage of Column (2) total 0.24%

Table B – OTHER INSPECTIONS

Number of Special Inspections	...	...	...	5,372
Number of re-inspections	...	...	...	6,126
Total	...	...	...	11,498

Table C – INFESTATION WITH VERMIN

(a)	Total number of individual examinations of pupils in schools by school nurses or other authorised persons	...	...	...	...	...	43,123
(b)	Total number of individual pupils found to be infested...	...	...	...	...	...	694
(c)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	...	...	...	...	...	43
(d)	Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)	...	...	...	...	...	–

Table D – RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31st DECEMBER, 1970,
PERIODIC AND SPECIAL INSPECTIONS

DEFECT CODE No.	DEFECT OR DISEASE	ENTRANTS		LEAVERS		OTHERS		TOTAL		SPECIAL INSPECTIONS	
		REQUIRING		REQUIRING		REQUIRING		REQUIRING		REQUIRING	
		Treat- ment (3)	Observa- tion (4)	Treat- ment (5)	Observa- tion (6)	Treat- ment (7)	Observa- tion (8)	Treat- ment (9)	Observa- tion (10)	Treat- ment (11)	Observa- tion (12)
4	Skin	141	574	319	406	467	834	927	1,814	128	108
5	Eyes –										
	(a) Vision	515	1,303	920	775	1,497	1,622	2,932	3,700	475	667
	(b) Squint	104	184	46	51	76	173	226	408	9	13
	(c) Other	29	80	28	68	35	180	92	328	20	18
6	Ears –										
	(a) Hearing	91	437	32	109	137	548	260	1,094	102	535
	(b) Otitis Media	45	304	10	25	44	219	99	548	2	22
	(c) Other	27	89	26	32	51	115	104	236	21	23
7	Nose and Throat	146	1,131	52	221	115	1,274	313	2,626	27	111
8	Speech	179	437	8	32	121	252	308	721	95	70
9	Lymphatic Glands	9	349	5	38	4	272	18	659	4	15
10	Heart	13	239	7	138	14	320	34	697	5	28
11	Lungs	34	410	30	135	64	491	128	1,036	6	52
12	Developmental –										
	(a) Hernia	15	68	3	12	15	66	33	146	–	11
	(b) Other	25	389	11	67	103	412	139	868	12	108
13	Orthopaedic –										
	(a) Posture	11	91	25	147	70	326	106	564	9	31
	(b) Feet	84	555	44	228	141	721	269	1,504	21	102
	(c) Other	28	303	46	184	51	474	125	961	19	44
14	Nervous System –										
	(a) Epilepsy	12	55	11	25	27	62	50	142	–	15
	(b) Other	10	110	8	41	16	161	34	312	12	30
15	Psychological –										
	(a) Development	23	157	72	43	154	295	249	495	51	56
	(b) Stability	14	397	18	135	30	607	62	1,139	31	155
16	Abdomen	18	131	19	46	26	219	63	396	2	23
17	Other	234	442	124	273	425	957	783	1,672	151	229
	TOTAL	1,807	8,235	1,864	3,231	3,683	10,600	7,354	22,066	1,202	2,466

Table E

(a) – EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of cases known to have been dealt with.
External and other, excluding errors of refraction and squint	184
Errors of refraction (including squint)	7,570
Total	7,754
Number of pupils for whom spectacles were pre- scribed	2,615

(b) – DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	Number of cases known to have been dealt with.
Received operative treatment: –	
(a) for diseases of the ear	82
(b) for adenoids and chronic tonsillitis	495
(c) for other nose and throat conditions	31
Received other forms of treatment	92
Total	700
Total number of pupils in schools who are known to have been provided with hearing aids: –	
(a) in 1970	25
(b) in previous years	145

(c) – ORTHOPAEDIC AND POSTURAL DEFECTS

	Number of cases known to have been treated.
(a) Pupils treated at clinics or out-patients depart- ments	929
(b) Pupils treated at school for postural defects	131
Total	1,060

(d) – DISEASES OF THE SKIN

	Number of cases known to have been treated.
Ringworm –	
(a) Scalp	1
(b) Body	–
Scabies	16
Impetigo	10
Other skin diseases	1,458
Total	1,485

(e) – CHILD GUIDANCE TREATMENT

	Number of cases known to have been treated.
Pupils treated at Child Guidance Clinics	1,555

(f) – SPEECH THERAPY

	Number of cases known to have been treated.
Pupils treated by speech therapists	3,265

(g) – OTHER TREATMENT GIVEN

	Number of cases known to have been dealt with.
(a) Pupils with minor ailments	883
(b) Pupils who received convalescent treatment under School Health Service arrangements	81
(c) Pupils who received B.C.G. vaccination	9,040
(d) Other than (a), (b) and (c) above: –	
Lymphatic Glands	13
Abdomen	35
Heart	16
Lungs	69
Development	66
Nervous System	19
Psychological	2
Warts	14
Other	61
Total (a) to (d)	10,299

Table F – DENTAL INSPECTION AND TREATMENT

Attendances and Treatment	Ages	5 to 9	10 to 14	15 and over	Total
First visit		10,120	8,822	2,103	21,045
Subsequent visits		16,448	21,164	4,718	42,330
Total visits		26,568	29,986	6,821	63,375
Additional courses of treatment commenced		1,603	1,827	381	3,811
Fillings in permanent teeth		7,884	17,835	5,734	31,453
Fillings in deciduous teeth		17,065	2,326	–	19,391
Permanent teeth filled		6,758	16,069	4,973	27,800
Deciduous teeth filled		15,575	1,992	–	17,567
Permanent teeth extracted		417	2,163	504	3,084
Deciduous teeth extracted		5,723	2,385	–	8,108
General anaesthetics		1,999	953	95	3,047
Emergencies		1,061	473	108	1,642
Number of pupils X-rayed					2,486
Prophylaxis					3,165
Teeth otherwise conserved					5,106
Number of teeth root filled					151
Inlays					16
Crowns					108
Courses of treatment completed					19,397
Orthodontics.					
New cases commenced during year					751
Cases completed during year					393
Cases discontinued during year					124
Number of removable appliances fitted					1,379
Number of fixed appliances fitted					59
Pupils referred to hospital consultant					31
Dentures.					
No. of pupils fitted with dentures for the first time:					
(a) With full denture		0	0	2	2
(b) With other denture		3	16	22	41
Total		3	16	24	43
Number of dentures supplied (first or subsequent time)		5	18	27	50
Anaesthetics.					
General anaesthetics administered by dental officers					93
Inspections.					
(a) First inspection at school. Number of pupils					85,826
(b) First inspection at clinic. Number of pupils					11,912
Number of (a) and (b) found to require treatment					41,501
Number of (a) and (b) offered treatment					37,842
(c) Pupils reinspected at school or clinic					9,819
Number of (c) found to require treatment					6,280
Sessions.					
Sessions devoted to treatment					10,152
Sessions devoted to inspection					678
Sessions devoted to dental health education					390

OTHER SCHOOL HEALTH STATISTICAL TABLES

Table G – AUDIOMETRY IN SCHOOLS 1970

Total for Administrative County 1970	No. of Children Tested	No. of Children who failed	% Failure
Routine Sweep Tests in Schools	12,362	747	6
Other Tests	2,712	1,006	37

Table H – AUDIOLOGY

No. of new Cases referred to Audiology Clinic from all sources										No. found to have remedial hearing loss					No. found to have impaired hearing but not necessitating hearing aid					No. found to have impaired hearing necessi- tating hearing aid and Auditory training				
0-2		2-5		5-7		7-11		11+		TOTAL		0-2		2-5		5-7		7-11		11+		TOTAL		
214	487	244	132	49	1,126	9	46	53	38	12	158	3	15	18	23	20	79	5	8	10	6	4	33	

Table I (1) – CHILDREN RECEIVING AUDITORY TRAINING FROM PERIPATETIC TEACHERS OF THE DEAF DURING 1970

Age	New Cases	Discharged to			Left District	Remaining Dec., 1970
		Special School	Supervision			
0-2 years	8	2	–		1	10
2-5 "	10	10	–		–	16
5-7 "	5	3	–		–	7
7-11 "	15	6	2		3	25
11+ "	1	3	2		–	7
Total	39	24	4		4	65

Table I (2) – CHILDREN UNDER SUPERVISION BY PERIPATETIC TEACHERS OF THE DEAF DURING 1970

Age	New Cases	Discharged to			Left District	Remaining Dec., 1970
		Special School	No longer needing help or no longer at School			
0-2 years	–	–	–		–	–
2-5 "	–	–	–		–	–
5-7 "	6	3	–		1	10
7-11 "	9	10	–		4	78
11+ "	11	10	1		2	30
Total	26	23	1		7	118

Table J – SPEECH THERAPY 1970

								COUNTY TOTAL
No. of sessions held								
Treatment by therapists								
In clinic	...	...	...	...	...	...	...	5,803
In ordinary schools	...	...	...	...	...	...	...	720
Treatment by students								
1st year	...	...	...	...	...	...	...	455
2nd year	...	...	...	...	...	...	...	17
3rd year	...	...	...	...	...	...	...	17
								5
No. of cases on register at beginning of year								
Added during year	...	...	...	...	...	...	...	2,000
Discharged	...	...	...	...	...	...	...	1,265
								1,159
at end of year								
under treatment	...	...	...	...	...	...	...	993
under supervision	...	...	...	...	...	...	...	1,113
awaiting admission	...	...	...	...	...	...	...	429
Analysis of cases:								
Delayed language	...	...	...	...	...	...	...	554
Dysphasia	...	...	...	...	...	...	...	36
Dyslalia	...	...	...	...	...	...	...	2,143
Dysarthria	...	...	...	...	...	...	...	25
Dyspraxia	...	...	...	...	...	...	...	4
Dysenera	...	...	...	...	...	...	...	78
Cleft palate	...	...	...	...	...	...	...	54
Hypernasality	...	...	...	...	...	...	...	23
Hyponasality	...	...	...	...	...	...	...	6
Dysphonia	...	...	...	...	...	...	...	14
Stammer	...	...	...	...	...	...	...	321
Clutter	...	...	...	...	...	...	...	7
Analysis of cases discharged								
achieved normal speech	...	...	...	...	...	...	...	627
were greatly improved	...	...	...	...	...	...	...	236
showed some improvement	...	...	...	...	...	...	...	237
little or no improvement	...	...	...	...	...	...	...	59
by clinic	...	...	...	...	...	...	...	769
non-co-operation of parents	...	...	...	...	...	...	...	78
left district	...	...	...	...	...	...	...	101
transfer to special school	...	...	...	...	...	...	...	187
left school	...	...	...	...	...	...	...	22
for other reasons	...	...	...	...	...	...	...	2

Table K – THE WORK OF THE CHILD GUIDANCE CLINICS 1970

	Chipstead	Epsom	Farnham	Godalming	Guildford	Hersham	Leatherhead	Redhill	Staines	Woking	TOTAL
No. of cases on waiting list at 31.12.69	27	8	18	5	7	95	5	11	52	11	239
No. of cases referred during year	67	90	116	63	139	154	36	214	119	229	1,227
No. of cases on waiting list at 31.12.70	5	5	9	5	6	67	2	21	13	2	135
No. of new cases seen	36	67	72	44	129	104	27	137	108	186	910
No. of cases discharged	22	48	43	34	98	93	33	75	34	87	567
Analysis:—											
(a) Treatment completed	14	10	13	16	27	53	15	66	13	37	264
(b) No treatment required	—	12	10	6	53	12	11	6	4	32	146
(c) Non-co-operation of parents	2	21	4	3	1	21	4	2	4	9	71
(d) Other arrangements made	6	5	16	9	17	7	3	1	13	9	86
No. of cases under treatment at end of year ...	32	19	39	25	14	70	6	195	85	25	510
No. of cases under supervision at end of year ...	134	34	46	29	101	19	16	198	9	105	691
No. of cases withdrawn from waiting list during year	16	26	9	17	10	19	12	28	5	43	185
Diagnosis at Initial Interview:											
(a) Emotional disturbance	29	62	46	34	95	60	25	89	30	129	599
(b) Emotional disturbance with organic disorder	3	2	5	6	4	3	—	28	3	13	67
(c) Psychosomatic disorders	2	2	5	—	10	—	—	5	3	12	39
(d) Psychotic illness	—	—	—	—	—	—	—	1	—	5	6
(e) Educational problems	2	—	16	4	20	41	2	14	3	27	129
(f) Diagnosis not made	—	1	—	—	—	—	—	—	66*	—	67
No. of sessions held											
(a) Psychiatrists	348	317	250	112	485	335	8	483	309	257	2,904
(b) Educational psychologists	428	230	480	472	538	404	135	643	558	564	4,452
(c) Psychotherapists	45	311	280	190	—	186	96	—	—	100	1,208
(d) Social workers	881	719	487	389	928	419	94	651	422	264	5,254

* Unable to give diagnosis.

Table L – HANDICAPPED PUPILS

The following table shows the number of Surrey children as at 31st December, 1970, who were ascertained as handicapped pupils and the provision made for their education: –

Category	Recommended for Special School or Hostel										To continue under ordinary School				Tuition in Hospital or Special Units				Total Handicapped Pupils			
	In Special School or Hostel					Parents refuse consent					On waiting list		Home Tuition		B		G		B		G	
	Provided by Surrey	Other	Total	B	G	B	G	B	G	B	G	B	G	B	G	B	G	B	G	B	G	Total
Blind
Partially sighted
Deaf
Partially hearing
Educationally sub-normal
Epileptic
Maladjusted
Physically handicapped
Delicate
Speech defect
Totals

There were also 102 boys and 64 girls attending ordinary school who were under consideration for ascertainment as handicapped pupils, and a further 35 boys and 32 girls who were at home, in hospital, or in private schools.

Table M – SPECIAL SCHOOLS AND HOSTELS

The following are provided by the Education Committee: –

Handicap	Name and Address of School/Hostel	Accommodation	Age Range	No. attending at December, 1970			
				Surrey Pupils		Out-County Pupils	
				Boys	Girls	Boys	Girls
Educationally Sub-normal ...	Bramley, Gosden House	80 G. 20 B.	G. 7 – 16 B. 7 – 10	16	70	4	10
	Redhill, St. Nicholas	20 M. 100 B.	10 – 16	81	–	24	–
	Addlestone, Claybourne	20 B. 120 M.	7 – 16	70	56	–	1
	Camberley, Carwarden House (temporary)	80 M.	5 – 16	48	25	4	5
	Guildford, Temple Court	130 M.	7 – 16	80	48	3	–
	Leatherhead, West Hill	150 M.	7 – 16	101	49	2	1
	Merstham, Greystone	170 M.	5 – 16	95	53	–	3
	Woking, The Park	130 M.	7 – 16	89	35	4	3
	Staines, Leacroft	130 M.	7 – 16	27	17	–	–
	Guildford, Sunnydown	40 B.	10 – 16	31	–	9	–
Delicate and physically handicapped	Oxted, Limpsfield Grange	30 G. 8 B. 6 M.	G. 5 – 16 B. 5 – 10	9	26	–	1
	Caterham, Portley House	60 M. 80 M.	3 – 11½ 11½ – 16	21 7	17 10	10 21	12 43
Deaf ...	Redhill, Nutfield Priory	30 M. 30 M.	4½ – 11 4½ – 11	7 10	6 8	8 –	6 –
Partially hearing	Ewell, Riverview	40 B. 50 B. 18 M.	11 – 16 11 – 16 G. 5 – 12 5 – 11 7 – 12	31 45 9	– – 7	6 3 1	– – –
Maladjusted ...	Woking, Woodlands Broadmere	15 M.	4 – 11	9	–	–	–
Special Unit for severely disturbed children	Epsom, The Lindens, c/o St. Ebba's Hospital	30 M.	4 – 11	21	15	–	–
Remedial Centres ...	Bisley ...	30 M.	5 – 11	24	3	–	–
	Caterham Hill	40 M.	5 – 11	37	3	2	2
	(Epsom), Clayhill Centre	40 M.	5 – 11	44	8	4	–
	Normandy	30 M.	5 – 11	25	1	–	–
	Ottershaw	30 M.	5 – 11	23	2	–	–
	(Redhill), Ardmore Centre	30 M.	5 – 11	18	6	–	–
	Dorking De Clare	30 M.	5 – 11	11	–	–	–
	Marrow	30 M.	5 – 11	32	5	–	–

CHAPTER FOURTEEN – TABLES

HEALTH AND WELFARE SERVICES

Table 1

Population of each Sanitary District at the censuses of 1951 and 1961, and the Registrar-General's mid-year estimates for 1969 and 1970:—

DISTRICTS		Area in Acres. 31.3.1970	Census Population		Registrar-General's Estimates of Mid-year populations.	
			1951	1961	1969	1970
M. B. and Urban						
1.	Banstead	14,231	33,529	41,559	44,790	44,290
2.	Caterham and Warlingham	8,233	31,293	34,869	37,760	37,730
3.	Chertsey	9,983	30,852	40,390	45,250	45,340
4.	Dorking	9,511	20,252	22,604	22,850	22,680
5.	Egham	9,350	24,690	30,571	30,800	30,730
6.	Epsom and Ewell	8,427	68,055	71,159	72,190	71,700
7.	Esher	14,846	51,432	60,610	63,190	63,340
8.	Farnham	9,039	23,928	26,934	30,150	30,090
9.	Frimley and Camberley	7,768	20,386	28,552	42,600	43,350
10.	Godalming	2,393	14,244	15,780	18,230	18,360
11.	Guildford	7,322	48,048	53,976	55,890	56,850
12.	Haslemere	5,751	12,003	12,523	13,560	13,490
13.	Leatherhead	11,187	27,206	35,582	39,200	39,110
14.	Reigate	10,255	42,248	53,751	57,830	57,820
15.	Staines	8,271	39,995	49,259	56,610	56,850
16.	Sunbury	5,609	23,394	33,403	40,120	40,250
17.	Walton and Weybridge	9,049	38,112	45,510	52,530	52,930
18.	Woking	15,712	47,596	67,519	78,180	80,240
Total		166,937	597,263	724,551	801,730	805,150
Rural						
1.	Bagshot	16,083	14,109	16,180	19,980	20,620
2.	Dorking and Horley	53,943	25,832	31,710	33,910	33,790
3.	Godstone	53,517	32,823	40,225	45,000	44,960
4.	Guildford	59,644	44,936	54,888	62,650	62,330
5.	Hambledon	68,175	31,851	34,524	38,870	38,940
Total		251,362	149,551	177,527	200,410	200,640
Administrative County		418,299	746,814	902,078	1,002,140	1,005,790

The figures given by the Registrar-General express the populations for the 1951 Census as they would have appeared if the area boundaries at that time were the same as they are at present.

Note: The Guildford Rural District forms part of three divisional areas and the following local estimates have been made to apportion the area's total figures.

Divisions	Population – Mid-1970
North-Western	10,695
South-Eastern	1,075
South-Western	50,560
	<hr/> 62,330 <hr/>

A summary of the current population statistics of each divisional area is given below (Epsom and Ewell, Esher and Woking Excepted Districts are shown in the table above)

Divisions	Population – Mid-1970
Northern	97,100
North-Western	203,665
South-Eastern	242,345
South-Western	247,400

Table 2

Live birth rate, still birth rate and percentage of illegitimate births in past years.

Year	Live birth rate	Rate of still births per 1,000 live and still births	Illegitimate births Percentage of total live births
1961	15.18	13.55	4.71
1962	15.46	13.90	4.95
1963	15.63	11.49	5.19
1964	16.08	12.71	5.87
1965	16.49	11.58	5.75
1966	15.86	12.55	5.76
1967	15.16	11.05	6.08
1968	14.68	11.49	6.25
1969	13.90	10.00	6.00
1970	13.60	12.00	6.00

Table 3

Infant mortality rate in past years in Surrey and in England and Wales

Year	SURREY			ENGLAND AND WALES		
	Infant mortality rate	Neo-natal mortality rate	Mortality rate 4 weeks to 12 months	Infant mortality rate	Neo-natal mortality rate	Mortality rate 4 weeks to 12 months
1961	17.79	13.29	4.50	21.4	15.5	5.9
1962	16.57	12.15	4.42	20.7	15.1	5.6
1963	17.08	12.01	5.07	20.9	14.2	6.7
1964	16.64	12.71	3.93	20.0	13.8	6.2
1965	15.29	10.84	4.45	19.0	13.0	6.0
1966	16.46	11.94	4.52	19.0	12.0	6.1
1967	14.78	10.43	4.35	18.3	12.5	5.8
1968	15.74	11.07	4.67	18.0	12.3	5.7
1969	15.00	10.00	5.00	18.0	12.0	6.0
1970	14.00	10.00	4.00	18.0	12.0	6.0

Table 4 – Administrative County of Surrey
CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE, 1970

The causes of all deaths during 1970 are classified in age groups for the aggregate of urban districts and for the aggregate of rural districts in the following table: –

Causes of Death	Sex	Aggregate of Urban Districts										Aggregate of Rural Districts									
		All Ages	0-	1-	5-	15-	25-	45-	65-	75-	All Ages	0-	1-	5-	15-	25-	45-	65-	75-		
All Causes	M F	4,323 4,527	94 59	22 16	22 19	46 36	146 98	1,174 642	1,242 887	1,577 2,770	977 1,029	19 18	1 5	1 5	12 4	32 26	260 163	280 220	372 588		
B. 3 Bacillary Dysentery – Amoebiasis	M F	1 –	– –	1 –	– –	– –	– –	– –	– –	– –	– –	– –	– –	– –	– –	– –	– –	– –	– –		
B. 4 Enteritis and other diarrhoeal diseases	M F	2 4	2 2	– 2	– –	– –	– –	– –	– –	– –	– 1	– 1	– –	– –	– –	– –	– –	– –	– –		
B. 5 Tuberculosis of respiratory system	M F	11 5	– –	– –	– –	– –	– –	5 –	4 1	2 4	– 2	– –	– –	– –	– –	– –	– 1	– 1	– –		
B. 6 (1) Late effects of respiratory T.B.	M F	3 –	– –	– –	– –	– –	– –	3 –	– –	– –	– –	– –	– –	– –	– –	– –	– –	– –	– –		
B. 6 (2) Other Tuberculosis	M F	– 1	– –	– –	– –	– –	– –	– –	– 1	– –	– –	– –	– –	– –	– –	– –	– –	– –	– –		
B.11 Meningococcal infection	M F	– 2	– –	– –	– –	– –	– –	– 2	– –	– –	1 1	– –	1 –	– 1	– –	– –	– –	– –	– –		
B.14 Measles	M F	– 1	– –	– 1	– –	– –	– –	– –	– –	– –	– –	– –	– –	– –	– –	– –	– –	– –	– –		
B.17 Syphilis and its sequelae	M F	3 5	– –	– –	– –	– –	– –	– –	2 2	1 3	– 1	– –	– –	– –	– –	– –	– –	– –	– 1		
B.18 All other infective & parasitic diseases	M F	6 4	– –	– –	1 –	1 –	1 –	3 2	– 1	– 1	– –	– –	– –	– –	– –	– –	– –	– –	– –		
B.19 (1) Malignant neoplasm, buccal cavity etc.	M F	17 9	– –	– –	– –	– –	1 –	7 4	2 1	7 4	4 5	– –	– –	– –	– –	– –	1 3	1 1	2 1		
B.19 (2) Malignant neoplasm oesophagus	M F	22 27	– –	– –	– –	– –	1 –	6 5	7 8	8 14	12 7	– –	– –	– –	– –	– –	3 1	5 2	4 4		
B.19 (3) Malignant neoplasm stomach	M F	79 56	– –	– –	– –	– –	3 1	26 11	29 19	21 25	21 13	– –	– –	– –	1 1	8 5	9 2	3 5	– –		
B.19 (4) Malignant neoplasm intestine	M F	111 144	– –	– –	– –	– –	– 5	33 26	29 39	49 74	28 42	– –	– –	– –	– 2	10 8	10 14	8 18	– –		
B.19 (5) Malignant neoplasm larynx	M F	9 1	– –	– –	– –	– –	1 –	2 –	5 1	1 –	2 1	– –	– –	– –	– –	1 –	1 –	– –	– –		

Table 4 — CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE, 1970 — continued

Causes of Death	Sex	Aggregate of Urban Districts										Aggregate of Rural Districts									
		All Ages	0-	1-	5-	15-	25-	45-	65-	75-	All Ages	0-	1-	5-	15-	25-	45-	65-	75-		
B.19 (6) Malignant neoplasm lung, bronchus	M F	424 114	-	-	-	-	8	167 40	162 32	87 40	82 23	-	-	-	2	36 9	33 9	11 4			
B.19 (7) Malignant neoplasm breast	M F	2 170	-	-	-	-	16	77	1 42	- 35	- 47	-	-	-	-	16	13	- 12			
B.19 (8) Malignant neoplasm uterus	F	57	-	-	-	-	5	27	13	12	22	-	-	-	-	12	2	8			
B.19 (9) Malignant neoplasm prostate	M	64	-	-	-	-	-	4	26	34	16	-	-	-	-	1	4	11			
B.19 (10) Leukaemia	M F	26 39	1	-	-	2	1	11 8	3 9	8 14	7 6	-	-	-	2	2	2	1 3			
B.19 (11) Other malignant neoplasms	M F	235 243	-	1 2	5 1	2 2	15 10	98 77	61 71	53 80	62 56	-	-	1 1	2	21 19	13 16	25 19			
B.20 Benign and unspecified neoplasms	M F	6 9	-	-	1	-	1	3 4	1 2	-	1 1	-	-	1	-	-	-	-			
B.21 Diabetes Mellitus	M F	25 29	-	-	1	-	3	9 6	9 4	3 18	7 9	-	-	-	1	-	2 5	4 3			
B.22 Avitaminoses etc.	M F	1 2	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
B.46 (1) Other endocrine, etc. diseases	M F	12 19	-	-	-	-	-	5 4	6 3	1 8	2 4	-	-	-	-	1 2	1	-			
B.23 Anaemias	M F	8 10	-	-	-	-	1	2	1 2	4 8	1 5	-	-	-	-	-	1	3			
B.46 (2) Other diseases of blood etc.	M F	1 2	-	-	-	-	-	1 1	-	-	-	-	-	-	-	-	-	-			
B.46 (3) Mental disorders	M F	11 25	-	-	-	-	1	7	-	3 20	2 8	-	-	-	-	-	-	2 8			
B.24 Meningitis	M F	5 -	1	1	-	-	2	1	-	-	2	-	-	-	1	-	-	1			
B.46 (4) Multiple sclerosis	M F	8 6	-	-	-	-	-	7 2	-	1 1	1 5	-	-	-	1	-	1	-			
B.46 (5) Other diseases of nervous system	M F	53 43	-	5 1	1 2	5 1	5 6	6 7	20 10	11 16	5 11	-	-	1	-	1 4	2 3	1 3			
B.26 Chronic rheumatic heart disease	M F	38 59	-	-	-	-	1 1	18 10	7 15	12 33	4 15	-	-	-	-	2 4	1 5	1 5			

Table 4 – CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE, 1970 – continued

Causes of Death	Sex	Aggregate of Urban Districts										Aggregate of Rural Districts									
		All Ages	0-	1-	5-	15-	25-	45-	65-	75-	All Ages	0-	1-	5-	15-	25-	45-	65-	75-		
B.27 Hypertensive disease	M F	61 83	- -	- -	- -	- -	1 -	19 12	17 24	24 47	12 28	- -	- -	- -	- -	- -	3 5	4 2	5 21		
B.28 Ischaemic heart disease	M F	1,186 917	- -	- -	- -	- -	24 3	397 92	386 220	379 602	271 173	- -	- -	- -	1 -	7 1	88 22	85 50	90 100		
B.29 Other forms of heart disease	M F	170 283	- 1	- -	- 1	2 3	2 4	15 10	31 21	120 243	37 67	- -	- -	- -	1 -	1 1	2 3	9 6	24 57		
B.30 Cerebrovascular disease	M F	382 757	- -	- -	- -	1 1	7 3	64 61	95 131	215 561	104 180	- -	- -	- -	- -	1 2	18 12	33 34	52 132		
B.46 (6) Other diseases of circulatory system	M F	205 259	- -	- -	- -	- -	4 -	33 20	60 49	108 190	43 58	- -	- -	- -	- -	- -	7 3	14 2	22 53		
B.31 Influenza	M F	44 69	- 2	- -	- -	- -	3 3	9 9	14 20	18 35	13 11	- -	- -	- -	1 1	2 -	4 -	6 3	7		
B.32 Pneumonia	M F	329 468	11 6	1 2	2 2	4 6	10 2	44 33	83 58	174 359	60 88	- 2	1 -	- -	1 1	9 4	10 16	40 64			
B.33 (1) Bronchitis and emphysema	M F	284 91	- -	- -	- 1	- 1	- 1	66 16	100 19	118 53	64 14	- -	- -	- -	- -	13 3	24 3	27 8			
B.33 (2) Asthma	M F	7 10	- -	- 1	- 1	1 -	2 2	2 1	1 1	1 4	2 4	- -	- 1	- -	1 1	1 -	- 2	- -			
B.46 (7) Other diseases of respiratory system	M F	47 28	4 7	4 -	1 -	- -	1 1	6 1	13 1	18 18	6 9	2 1	- -	- -	- -	- -	1 1	3 7			
B.34 Peptic Ulcer	M F	23 21	- -	- -	- -	- -	- -	5 3	5 3	13 15	10 6	- -	- -	- -	- -	4 -	2 1	4 5			
B.35 Appendicitis	M F	4 -	- -	- -	- -	- -	- -	2 -	2 -	- -	- -	- -	- -	- -	- -	- -	- -	- -			
B.36 Intestinal obstruction and hernia	M F	16 18	2 -	- -	- -	2 -	1 -	3 1	1 2	7 15	1 4	- 1	- -	- -	- -	1 -	- 1	- 2			
B.37 Cirrhosis of liver	M F	15 9	- -	- -	- -	- -	1 -	10 3	3 4	1 2	- 2	- -	- -	- -	- -	- 2	- -	- -			
B.46 (8) Other diseases of digestive system	M F	37 48	1 -	1 1	- -	- 1	4 2	7 5	15 10	9 29	6 10	- -	- -	- -	- -	1 2	2 3	3 5			
B.38 Nephritis and nephrosis	M F	18 13	1 -	- -	- -	2 -	1 -	7 5	4 3	3 5	5 6	- -	- -	- -	1 -	3 3	1 1	- 2			
B.39 Hyperplasia of prostate	M	22	-	-	-	-	-	1	6	15	4	-	-	-	-	-	1	3			

Table 4 – CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE, 1970 – continued

Causes of Death	Sex	Aggregate of Urban Districts										Aggregate of Rural Districts									
		All Ages	0-	1-	5-	15-	25-	45-	65-	75-	All Ages	0-	1-	5-	15-	25-	45-	65-	75-		
B.46 (9) Other diseases, genito-urinary system	M F	21 41	- -	- -	- -	- -	3 -	2 5	7 10	12 23	6 12	- -	- -	- -	- -	- 3	2 3	4 6			
B.40 Abortion	F	1	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-			
B.46 (10) Diseases of the skin and subcutaneous tissue	M F	4 7	- -	- -	- -	- -	1 -	- 2	1 1	2 4	- 4	- -	- -	- -	- -	- -	2 2	- 2			
B.46 (11) Diseases of musculo-skeletal system	M F	9 45	- -	- 1	- -	- 1	- 1	1 5	3 9	5 28	2 6	- -	- -	- -	- -	- -	- -	2 6			
B.42 Congenital abnormalities	M F	37 24	23 13	4 2	- 3	- 1	2 1	6 1	2 1	- 2	7 7	6 1	- 2	- 1	1 1	- 1	- 1	- -			
B.43 Birth injury, difficult labour etc.	M F	28 14	28 14	- -	- -	- -	- -	- -	- -	- -	9 5	9 5	- -	- -	- -	- -	- -	- -			
B.44 Other causes of perinatal mortality	M F	17 12	17 12	- -	- -	- -	- -	- -	- -	- -	1 6	1 6	- -	- -	- -	- -	- -	- -			
B.45 Symptoms and ill defined conditions	M F	16 88	- -	- -	- -	- 1	- -	1 -	- 2	15 85	3 8	- 1	- -	- -	- -	1 -	- -	2 7			
BE.47 Motor vehicle accidents	M F	69 40	- -	1 1	2 3	13 12	19 4	20 8	8 3	6 9	24 11	- -	- -	7 3	5 3	8 2	2 3	2 -			
BE.48 All other accidents	M F	57 55	2 2	2 1	8 2	4 1	8 5	20 11	7 8	6 25	15 15	1 -	- 1	1 -	2 1	4 -	2 7	5 5			
BE.49 Suicide and self inflicted injuries	M F	24 34	- -	- -	- -	4 3	10 4	6 21	3 3	1 3	10 9	- -	- -	- -	1 -	6 6	1 3	2 -			
BE.50 All other external causes	M F	8 6	- -	1 -	- -	3 -	2 -	2 4	- 2	- -	1 1	- -	- -	- -	- -	1 1	- -	- -			

Table 5 – NOTIFICATIONS OF INFECTIOUS DISEASES, 1970

	Number of cases notified.		Number of cases notified.
Acute encephalitis		Plague	0
Infective	2	Relapsing Fever	0
Post infective	2	Scarlet Fever	142
Acute Meningitis	19	Smallpox	0
Acute Poliomyelitis		Tetanus	0
Paralytic	0	Tuberculosis	
Non. paralytic	0	Pulmonary	110
Anthrax	0	Non-pulmonary	21
Cholera	0	Typhoid Fever	5
Diphtheria	2	Typhus Fever	0
Dysentery	265	Whooping Cough	89
Food Poisoning	138	Yellow Fever	0
Infective Jaundice	129	Deaths from Infectious Diseases, 1970	
Malaria	4	Measles	1
Leptospirosis	0	Meningococcal infection	4
Measles	3,024	Influenza	137
Ophthalmia neonatorum	3	Tuberculosis of the respiratory system	18
Paratyphoid Fever	1	Other Tuberculosis	4

Table 6 – NEW BUILDINGS TAKEN INTO USE, 1970

Project	Purpose	Total Cost *	Date Taken into Use
		£	
Glendale, Ambleside Avenue, Walton-on-Thames	Home for the Elderly	144,287	April, 1970
Orchard Court, East Grinstead Road, Lingfield.	Home for the Elderly	142,556	May, 1970
The Summers, High Street, West Molesey.	Home for the Handicapped	175,287	July, 1970
Bradshaigh, 15 Gong Hill Drive, Farnham.	House for Matron by extending Bradshaigh	8,210	December, 1970
Rylston, Oatlands Drive, Weybridge.	House for Matron	6,380	February, 1970
Merstham, Bletchingley Road.	Health Centre (Ext. to clinic) and 4 nurses' flats	43,973	June, 1970
Walton-on-Thames, Rodney Road.	Health Centre	109,817	July, 1970
Chertsey, Stepgates.	Health Centre	91,414	November, 1970
Addlestone, Crouch Oak Lane.	4 Nurses' flats	30,120	April, 1970
Woking, St. Johns.	Health Centre	72,000	October, 1970
Woking, Chobham Road.	4 Nurses' flats	13,700	May, 1970
Walton-on-Thames, Hersham Road.	Ambulance Sub-Station	34,357	December, 1970
Merrow, Boxgrove Road.	3 Nurses' flats	16,150	March, 1970
	TOTAL	888,251	

* Includes cost of building works, furniture and equipment and where applicable the cost of the site.

Table 7 – BUILDING WORKS IN PROGRESS ON 31st DECEMBER, 1970

Project	Purpose	Position at December, 1970
1968/69 Capital Building Programme		
Giggs Hill Green, Thames Ditton	Health Clinic & 2 nurses flats	Completion due February, 1971
Barnfield, Upfield, Horley	Home for the Elderly	Building completed. Now being furnished.
Brockhurst, Brox Road, Ottershaw	Home for the Elderly	Completion due January, 1971
Shepperton, Laleham Road	Special Training School	Completion due May, 1971
Walton-on-Thames, Hersham Road	Technical Training Centre	Completion due January, 1971
1969/70 Capital Building Programme		
Bagshot Road, Knaphill	3 bay Ambulance sub-station	Completion due March, 1971
Hadrian Way, Stanwell	Health Centre	Completion due April, 1971
Bourne Hall, Ewell	Health Centre & 2 nurses flats	Completion due June, 1971
High Street, Cranleigh	Health Centre	Completion due July, 1971
Gresham Road, Oxted	Health Centre	Completion due May, 1972
Boxgrove Lane, Merrow	Health Centre	Completion due June, 1971
Englefield Green, Barley Mow Road	Home for the Elderly	Completion due January, 1972
Leatherhead, Fortyfoot Road	Home for confused Elderly	Completion due November, 1972
Camberley, Portesbury Road	Special Training School	Completion due September, 1972
Camberley, Portesbury Road	Hostel for Mentally sub- normal adults	Completion due September, 1972
Leatherhead Fortyfoot Road	Special Training School	Completion due November, 1972
Ottershaw, Slade Road	Hostel for Mentally sub- normal adults	Completion due December, 1971
1970/71 Capital Building Programme		
Godstone, Tylers Green	Houses for staff for proposed Home for the Elderly	Completion due January, 1972

Table 8 – IMMUNISATION AND VACCINATION (1970)

Table A – Completed Primary Courses – Number of persons under age 16

Type of Vaccine or dose	Year of Birth					Others under age 16	Total
	1970	1969	1968	1967	1963-1966		
Diphtheria	753	8,598	1,949	233	644	253	12,430
Whooping Cough	739	8,488	1,844	214	388	48	11,721
Tetanus	755	8,585	1,956	246	691	1,304	13,547
Polio	629	8,578	2,027	277	985	441	12,937
Measles	91	3,826	3,676	1,470	2,968	807	12,838

Table B – Reinforcing Doses – Number of persons under age 16

Type of Vaccine or dose	Year of Birth					Others under age 16	Total
	1970	1969	1968	1967	1963-1966		
Diphtheria	3	301	1,544	566	13,314	2,366	18,094
Whooping Cough	—	254	1,140	349	1,354	184	3,281
Tetanus	4	305	1,559	587	13,376	5,851	21,682
Polio	—	261	1,188	460	12,904	5,138	19,951

Table 9 – NURSING SERVICES

Showing the Health Visitor's case load during 1970.

Division/ District	0 – 5 Population			Problem families		Persons over 65	Subnormal - 16	Mental Illness	E.S.N.	Handicapped	T.B.	Nos. of Families
	0 – 1	1 – 5	Total	Referred	Special Observ:							
Northern	1,681	5,014	6,695	22	45	1,157	50	56	24	50	124	6,913
N. West	3,025	12,629	15,654	54	130	991	124	123	289	201	404	14,169
S. East	3,150	12,403	15,553	120	215	2,532	116	161	213	249	118	14,209
S. West	3,056	12,889	15,945	11	157	1,249	115	213	237	294	523	14,714
Woking	1,176	4,557	5,733	8	24	274	24	22	60	30	15	4,619
Esher	756	3,145	3,901	22	38	1,826	24	61	51	196	108	4,833
Epsom	828	3,409	4,237	8	23	793	22	20	31	131	108	4,162
TOTAL	13,672	54,046	67,718	245	632	8,822	475	656	905	1,151	1,400	63,619
TOTAL 1969	13,473	54,369	67,842	316	949	6,776	481	574	857	908	1,262	60,862
1968	14,367	56,786	71,153	257	570	5,089	418	431	801	779	919	58,067
1967	14,907	58,943	73,850	401	508	3,730	426	398	828	573	962	54,784

Table 10 – SUMMARY OF THE WORK OF THE DISTRICT NURSES, MIDWIVES AND DISTRICT NURSE MIDWIVES 1970

District staff establishment.	Number of cases				Total deliveries	Number of cases delivered in hospitals, discharged and attended by domiciliary midwives before 10th day.			Total domiciliary nursing visits.	Number of cases discharged from hospital to care of district nurse.		Number of patients suffering from cancer.	Number of patients incontinent.
	Total nursing cases.	Patients 0–5 years.	Patients 65+ years	Total deliveries									
Total ...	20,280	492	13,003	1,199	4,280	478,346	1,271	1,308	1,298				

Table 11 - MENTAL HEALTH SERVICES

NUMBER OF PERSONS REFERRED TO LOCAL HEALTH AUTHORITY DURING YEAR ENDED 31 DECEMBER 1970

Referred by	Mentally Ill				Psychopathic				Mentally Handicapped				Severely Mentally Handicapped				Total
	Under age 16		16 and over		Under age 16		16 and over		Under age 16		16 and over		Under age 16		16 and over		
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	
(a)	General practitioners	1	6	136	233	-	-	2	1	-	-	1	2	-	-	382	
(b)	Hospitals, on discharge from in-patient treatment	-	-	117	187	-	1	-	2	-	-	-	-	-	-	307	
(c)	Hospitals, after or during out-patient or day treatment	1	4	53	123	-	-	1	-	-	-	-	5	-	-	187	
(d)	Local education authorities	-	-	-	-	-	-	-	10	5	18	12	8	4	-	57	
(e)	Police and courts	-	-	3	3	-	-	-	-	-	-	-	-	-	-	6	
(f)	Other sources	-	-	64	141	-	-	2	-	3	5	7	7	10	3	250	
(g)	Total	2	10	373	687	-	1	5	3	13	10	25	20	17	19	1,189	

Note the terms mentally handicapped and severely mentally handicapped are now used in place of the terms subnormal and severely subnormal used in previous reports.

Table 12 – MENTAL HEALTH SERVICES

NUMBER OF PERSONS UNDER LOCAL HEALTH AUTHORITY CARE AT 31st DECEMBER 1970

	Mentally III						Elderly mentally infirm			Psychopathic			Mentally handicapped						Severely Mentally handicapped						Total				
	Under age 16 and over						Under age 16 and over			Under age 16 and over			Under age 16 and over						Under age 16 and over										
	M	F	(2)	(3)	(4)	(5)	M	F	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	M	F		(16)	(17)	(18)	(19)
1	4	4	313	653	44	91	—	1	3	4	83	70	224	253	157	138	126	100	2268										
2	—	—	8	17	1	7	—	—	—	—	—	77	66	72	94	146	103	108	68	767									
3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—							
4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—							
5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—							
6	—	—	14	5	—	—	—	—	—	—	—	5	6	14	10	21	16	4	3	98									
7	—	—	—	—	—	—	—	—	—	—	—	1	1	6	21	7	6	9	14	65									
8	—	—	11	20	3	8	—	—	—	—	—	1	3	10	7	12	14	3	14	106									
9	—	—	—	—	—	—	—	—	—	—	—	—	—	4	14	—	2	—	4	24									
10	—	—	4	21	—	17	—	—	—	—	—	—	—	—	—	—	—	—	—	42									
11	—	—	12	14	4	5	—	—	—	—	—	—	—	9	11	—	—	7	12	74									
	4	4	268	577	36	54	—	1	3	4	3	—	131	124	—	16	11	10	1246										
12	Number of children under age 16 attending training centres who have not been included in item 2 because they do not come within the categories covered in columns (1) to (18)																				Male		Female		26				
13	Number of persons included in item 6 above who reside in accommodation provided under the National Assistance Act, 1948																				Male		Female		21				

Note the terms mentally handicapped and severely mentally handicapped are now used in place of the terms subnormal and severely subnormal used in previous reports.

Table 13 – MENTAL HEALTH SERVICES
NUMBER OF PATIENTS AWAITING ENTRY TO HOSPITAL OR ADMITTED FOR TEMPORARY RESIDENTIAL CARE DURING 1970.

	Mentally III			Elderly mentally infirm			Psychopathic			Mentally Handicapped			Severely Mentally Handicapped			Total			
	Under age 16			16 and over			Under age 16			16 and over			Under age 16				16 and over		
	M	F	(1)	M	F	(2)	M	F	(3)	M	F	(4)	M	F	(5)		M	F	(6)
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)
1	Number of persons in L.H.A. area on waiting list for admission to hospital at end of year.																		
(a)	-	-	-	-	-	-	-	-	-	-	-	2	-	1	3	2	1	1	10
(b)	-	-	-	-	-	-	-	-	-	-	-	-	2	4	14	8	2	5	35
(c)	-	-	-	-	-	-	-	-	-	-	-	2	2	5	17	10	3	6	45
2	Number of admissions for temporary residential care (eg. to relieve the family)																		
(a)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	2	-	-	4
(b)	-	-	-	1	-	-	-	-	-	-	3	5	2	1	14	10	4	1	41
(c)	-	-	1	-	-	-	-	-	-	-	-	-	-	1	2	-	-	-	4
(d)	-	-	1	1	-	-	-	-	-	-	3	5	2	2	18	12	4	1	49

Note the terms mentally handicapped and severely mentally handicapped are now used in place of the terms subnormal and severely subnormal used in previous reports.

Table 14 – MASS RADIOGRAPHY SERVICE – STATISTICS – 1970
General Practitioner Chest X-ray Service

Type of survey	Total X-rayed	Numbers showing evidence of significant pulmonary tuberculosis*			
		No. of cases			Combined Incidence Rate per 1,000 Examinations
		Male	Female	Combined Total	
General Practitioner referrals	24,316	16	10	26	1.1

Normal Mass Radiography Service

General Public attending regular weekly sites	33,277	15	7	22	0.6
All others:—					
Industrial Groups	34,047	4	4	8	0.4
Mental Hospitals and Institutions		2	1	3	
Contacts at work		—	1	1	
Referred by Medical Officers of Health		1	2	3	
Totals	67,324	22	15	37	0.5

Abnormal Findings

	General Practitioner Chest X-ray Service			Normal Mass Radiography Service		
	Male	Female	Total	Male	Female	Total
Pulmonary Tuberculosis	16	10	26	22	15	37
Non-Tuberculous conditions	1,083	793	1,876	343	338	681

Statistics for Last Three Years

	General Practitioner Chest X-ray Service			Normal Mass Radiography Service		
	1968	1969	1970	1968	1969	1970
Total number X-rayed	19,829	19,524	24,316	116,841	115,659	67,324
Significant Pulmonary Tuberculosis*	40	36	26	51	62	37
Primary Lung Cancer in men aged 45 and over	92	83	132	60	58	32
Incidence rate per 1,000 examinations	17.4	15.8	26.1	3.0	2.8	2.2
Primary Lung Cancer in women aged 45 and over	23	24	27	13	10	6
Incidence rate per 1,000 examinations	5.2	5.6	5.3	0.6	0.5	0.4

* “Significant pulmonary tuberculosis” means any newly detected case requiring treatment or close observation at a chest clinic.

Table 15 – CHIROPODY SERVICE
NUMBER OF PATIENTS AND NUMBER OF TREATMENTS PROVIDED DURING 1970

	Direct Scheme		Total	Indirect Scheme	Grand Total
	County Council Chiropodists	Private Chiropodists		Voluntary Organisations	
PATIENTS					
Number and category of patients treated					
Elderly:					
Direct scheme	12,522	}	13,733	4,325	18,058
Old Peoples homes	1,211				
Handicapped persons:					
Direct scheme	158	}	196	—	196
Old Peoples homes	38				
Blind or partially sighted	116		116	—	116
Expectant mothers	9		9	—	9
TOTAL NUMBER OF PATIENTS	14,054		14,054	4,325	18,379
TREATMENTS					
Number of treatments given					
In clinics:					
Elderly	7,627	—		20,435	
Handicapped	15	—		—	
Blind or partially sighted	15	—		—	
Expectant mothers	1	—		—	
In chiropodists surgeries:					
Elderly	—	36,821			
Handicapped	—	519			
Blind or partially sighted	—	433			
Expectant mothers	—	17			
Domiciliary treatments:					
Elderly	14,786	1,832			
Handicapped	377	96			
Blind or partially sighted	72	44			
Expectant mothers	—	—			
In Old Peoples Homes:					
County Council homes	4,427	—			
Other registered homes	957	145			
TOTAL TREATMENTS	28,277	39,907	68,184	20,435	88,619
Summary of total number of treatments					
a) by place:					
In clinics	7,658	—	7,658	20,435	28,093
In chiropodists surgeries	—	37,790	37,790		37,790
Domiciliary	15,235	1,972	17,207		17,207
In Old Peoples homes	5,384	145	5,529		5,529
TOTAL	28,277	39,907	68,184	20,435	88,619
b) by category of patient:					
Elderly	27,797	38,798	66,595	20,435	87,030
Handicapped	392	615	1,007	—	1,007
Blind or partially sighted	87	477	564		564
Expectant mothers	1	17	18		18
TOTAL	28,277	39,907	68,184	20,435	88,619

PERSONS IN RESIDENTIAL ACCOMMODATION ON 31st DECEMBER 1970

Table 16
Number of persons admitted during 12 months ended 31st December 1970.

		Number of admissions (other than for short stay) of persons aged:—						Number of short stay admissions (8)	
		Under 30 (1)	30-49 (2)	50-64 (3)	65-74 (4)	75-84 (5)	85 and over (6)		Total (7)
1	Male	5	7	13	48	89	40	202	78
2	Female	6	5	23	76	177	200	487	173
3	Total	11	12	36	124	266	240	689	251

Table 17
 Analysis of persons in residential accommodation on 31st December, 1970, by age, sex and size and type of home

Age	Persons (exclusive of staff) residing in									Total
	Sex	Homes in the possession of the Council whose normal bed complement for residential accommodation is					Joint user premises shared with hospitals		accommodation provided on behalf of the Council in voluntary or private homes (8)	
		Under 31 (1)	31-50 (2)	51-70 (3)	71-150 (4)	Over 150 (5)	In possession of a local authority (6)	In possession of hospitals (7)		
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
under 30	M	—	1	—	—	—	—	—	14	15
	F	—	4	—	—	—	—	—	17	21
30-49	M	—	1	—	1	—	1	—	19	22
	F	—	7	—	—	—	—	—	11	18
50-64	M	1	6	7	8	—	3	—	23	48
	F	5	21	6	2	—	5	—	31	70
Total Under 65		6	40	13	11	—	9	—	115	194
65-74	M	3	23	26	16	—	22	—	21	111
	F	26	35	37	24	—	12	—	47	181
75-84	M	8	44	60	26	—	38	—	45	221
	F	96	58	126	56	—	38	—	122	496
85 and over	M	17	22	35	14	—	22	—	22	132
	F	132	67	121	54	—	28	—	150	552
Total 65 and over		282	249	405	190	—	160	—	407	1693
Total all ages		288	289	418	201	—	169	—	522	1887
No. of homes in which persons reside		12	8	8	2	—	1	—		

No. of persons accommodated:—		Under 30	30-49	50-64	Total under 65	65-74	75-84	85 and over	Total 65 and over	Total All Ages
On behalf of other local authorities (included above)	M	—	2	1	3	9	7	8	24	27
	F	—	5	8	13	25	25	38	88	101
By other local authorities on behalf of the Council. (Not included above.)	M	—	—	2	2	4	4	6	14	16
	F	—	—	4	4	9	17	24	50	54

Table 18

Analysis of persons aged under 65 in residential accommodation on 31st December, 1970 by major disability and size and type of home.

Major Disability	Persons (exclusive of staff) residing in								Total (9)
	Homes in the possession of the Council whose normal bed complement for residential accommodation is					Joint user premises shared with hospitals		accommodation provided on behalf of the Council in voluntary or private homes (8)	
	under 31 (1)	31-50 (2)	51-70 (3)	71-150 (4)	over 150 (5)	In possession of a local authority (6)	In possession of a hospital (7)		
Blind	1	—	—	1	—	—	—	12	14
Deaf	—	—	—	—	—	—	—	4	4
Epileptic	—	23	1	4	—	1	—	22	51
Physically handicapped	3	13	8	2	—	5	—	73	104
Mentally handicapped	1	3	1	1	—	2	—	—	8
Mentally ill	—	1	1	—	—	—	—	—	2
Other persons	1	—	2	3	—	1	—	4	11
Total	6	40	13	11	—	9	—	115	194
The number of persons under the age of 65 included in line 8 above who appear to be persons to whom Section 29 of the National Assistance Act 1948 applies and who are accommodated in homes in which persons aged 65 or over also reside									106

Table 19

Analysis of persons aged 65 and over in residential accommodation on 31st December, 1970 by major disability and size and type of home.

Major Disability	Persons (exclusive of staff) residing in								Total (9)
	Homes in the possession of the Council whose normal bed complement for residential accommodation is					Joint user premises shared with hospitals		accommodation provided on behalf of the Council in voluntary or private homes (8)	
	under 31 (1)	31-50 (2)	51-70 (3)	71-150 (4)	over 150 (5)	In possession of a local authority (6)	In possession of a hospital (7)		
Blind	30	20	27	13	—	14	—	31	135
Deaf	18	12	29	6	—	11	—	15	91
Epileptic	2	13	2	1	—	5	—	4	27
Mentally disordered	35	55	61	14	—	13	—	7	185
Other persons	197	149	286	156	—	117	—	350	1255
Total	282	249	405	190	—	160	—	407	1693

Notes:

1. The terms mentally handicapped and severely mentally handicapped are now used in place of subnormal and severely subnormal.
2. Blind. Registered blind persons, or persons who are apparently eligible for registration.
3. Deaf. The profoundly deaf, that is to say persons so severely hard of hearing that communication with them must be by sign or writing.
4. Epileptic. Persons who have had an epileptic seizure during the past twelve months, or whose epileptic condition is controlled by drugs.
5. Physically handicapped — (table 18). Persons who are substantially and permanently handicapped by illness, injury, or otherwise to a degree which seriously limits their activities.
6. Mentally handicapped — (table 18). Persons who suffer from arrested or incomplete development of mind, (previously referred to as mentally subnormal).
7. Mentally ill — (table 18). Persons with an impairment of mental capacity in any form, other than mental handicap.
8. Mentally disordered — (table 19). Persons with an impairment of mental capacity in any form.

Table 20 – APPLICATIONS FOR AND ADMISSIONS TO TEMPORARY ACCOMMODATION, YEAR 1970

	Applications			Admissions		
	M.	W.	C.	M.	W.	C.
Epsom & Ewell B.	8	15	36	2	5	11
Godalming B.	6	6	11	1	1	2
Guildford B.	22	32	62	2	4	8
Reigate B.	13	18	44	2	3	8
Banstead U.D.	8	9	23	2	2	9
Caterham & Warlingham U.D.	5	5	9	—	—	—
Chertsey U.D.	8	15	33	1	3	4
Dorking U.D.	5	10	20	1	2	3
Egham U.D.	6	9	22	2	3	7
Esher U.D.	15	31	58	—	5	9
Farnham U.D.	6	10	13	—	1	1
Frimley & Camberley U.D.	19	22	67	3	3	6
Haslemere U.D.	4	4	18	—	—	—
Leatherhead U.D.	5	7	14	—	—	—
Staines U.D.	22	30	50	2	2	3
Sunbury-on-Thames U.D.	11	17	33	2	2	4
Walton & Weybridge U.D.	7	8	21	—	—	—
Woking U.D.	27	38	84	5	7	18
Bagshot R.D.	4	7	18	—	—	—
Dorking & Horley R.D.	21	26	60	2	2	9
Godstone R.D.	18	30	90	4	6	16
Guildford R.D.	17	28	76	4	7	24
Hambledon R.D.	9	15	26	2	5	9
TOTALS	266	392	888	37	63	151
Out of County	1	3	7	1	2	3
Children to join families already in temporary accommodation	—	1*	1	—	1*	1
Babies born since mother admitted to temporary accommodation	—	—	4	—	—	4
Husbands to join families in temporary accommodation	4	—	—	4	—	—
TOTALS	271	396	900	42	66	159

* child over 16 years included as an adult.

Table 21 – ANALYSIS OF THE REASONS FOR MAKING APPLICATION TO TEMPORARY ACCOMMODATION DURING THE YEAR 1970

	M.	W.	C.
Action taken by Landlord – Other than Local Authority			
By Court Order for –			
Rent arrears	20	26	75
Landlord needing accom. for own needs	9	11	23
Service contract ended	44	58	150
Defaulted on mortgage	15	25	58
Other reasons	11	14	24
Action other than Court Order –			
Authorised rent increase	–	1	2
Illegal rent increase	–	–	–
Harassment	6	7	11
Other reasons	21	29	63
Action taken by a Local Authority			
As a Landlord –			
Rent arrears	23	29	105
Service contract ended	5	5	9
Other reasons	17	20	41
Otherwise, e.g.			
Notice served under Acts.	–	–	–
Other reasons –			
Unauthorised occupants	21	34	60
Family disputes: husband/wife/cohabitee	3	39	93
with relatives	38	51	77
Fire, flood and storm	8	9	19
From hotel or other accommodation	1	5	10
New to area	13	16	42
Other reasons	12	16	33
Babies, husbands and children joining families	4	1	5
	271	396	900

Table 22 – DISPERSAL OF CASES NOT ADMITTED INTO TEMPORARY ACCOMMODATION, YEAR 1970

	M.	W.	C.
Made own arrangements	20	25	68
Domestic reconciliation	6	15	30
Accommodated by relatives	39	50	92
Accommodated by friends	3	8	11
Returned to former accommodation	4	10	25
Rehoused by Local Authority	13	14	30
Obtained residential employment	10	19	37
Referred to Housing Departments	11	14	34
Pending	27	37	82
Staying put pending Court Action	24	27	67
Referred to Childrens Department	2	10	21
Social Worker assisting	20	32	98
S.C.C. loan arranged	6	6	24
Found alternative accommodation	31	39	69
Obtained temp. overnight shelter	1	1	6
Moved out of area	2	2	5
Advice only required	10	17	29
Referred to Mental Health	–	1	7
Department of Health and Social Security assisting	–	2	2
Admitted to hotel	–	1	4
	229	330	741

Table 23 – REGISTERS OF THE HANDICAPPED

Register	Under 16		16-64		65 and over		Totals
	M	F	M	F	M	F	
Blind	9 (10)	11 (11)	233 (230)	246 (253)	367 (362)	955 (920)	1,821 (1,786)
Partially-Sighted	27 (29)	24 (19)	69 (66)	60 (63)	59 (66)	289 (249)	528 (492)
Deaf without Speech	31 (42)	23 (23)	164 (151)	113 (122)	26 (22)	43 (37)	400 (397)
Deaf with Speech	35 (43)	23 (25)	73 (69)	56 (58)	7 (5)	22 (15)	216 (215)
Hard of Hearing	2 (3)	1 (2)	31 (20)	66 (73)	14 (13)	86 (84)	200 (195)
Other Handicapped	79 (85)	76 (79)	992 (864)	1,193 (1,080)	654 (527)	1,396 (1,312)	4,390 (3,947)
Totals	183 (212)	158 (159)	1,562 (1,400)	1,734 (1,649)	1,127 (995)	2,791 (2,617)	7,555 (7,032)

The figures in brackets are those for 1969.

Table 24 – HOME HELP SERVICE

Analysis of the services provided to the various types of cases in the County as a whole:—

Division/ Delegated District	Population Mid. 1970	Average equivalent full-time helps employed weekly		Cases Helped during the year						Total
				Aged 65 or over on first visit during the year	Aged under 65 on first visit during the year				Others	
		Neighbourly Helps	Home Helps		Chronic sick and Tuberculous	Mentally Disordered	Maternity			
Northern	97,100	2.0	39.0	484	46	2	36	87	655	
North-Western	203,665	10.4	66.6	778	58	13	102	200	1,151	
South-Eastern	242,345	7.7	48.8	834	101	10	138	164	1,247	
South-Western	247,400	13.0	81.3	1,063	40	35	99	166	1,403	
Epsom & Ewell M.B.	71,700	1.0	17.4	307	52	6	74	76	515	
Esher U.D.	63,340	1.3	10.1	219	29	4	31	40	323	
Woking U.D.	80,240	1.5	22.3	267	20	3	56	72	418	
Totals	1,005,790	36.9	285.5	3,952	346	73	536	805	5,712	

Table 25 – AMBULANCE SERVICE

DIVISION OF WORK BETWEEN THE COUNTY'S DIRECT SERVICE AND THE VOLUNTARY SERVICES:–

YEAR	VOLUNTARY ORGANISATIONS							
	COUNTY SERVICE				B. R. C. S.			
	Patients	Miles	Patients	Miles	Patients	Miles	Patients	Miles
1970	277,096	2,055,188	1,451	25,265	8,128	64,910	188,197	1,844,420

GRAND TOTALS

Patients	Miles
474,872	3,989,783

Table 26 – WORK CARRIED OUT BY THE UNIFIED AMBULANCE SERVICE DURING 1970

EMERGENCY (999 calls)							
Accident				False Alarms			
Patients	Miles	Patients	Miles	Patients	Miles	Patients	Miles
10,784	96,458	4,636	45,364	20,142	161,964	2,347	29,667

GENERAL

Hospital		Out-Patient		Infectious Diseases		Private		Non-Patient			Totals	
Patients	Miles	Patients	Miles	Patients	Miles	Patients	Miles	Misc. Miles	Abortive Miles	Patients	Miles	
46,072	579,361	410,327	3,089,475	240	3,950	466	1,765	98,335	25,266	457,105	3,798,152	

GRAND TOTALS

Patients	Miles
474,872	3,989,783

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